2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 24, 2007
Secretary of State

DOCUMENT# P00000045724

Entity Name: INTEGRATED HEALTH PROVIDERS NETWORK, INC.

Current Principal Place of Business:

9411 SW 192 DR.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9411 SW 192 DR.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1008673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLICK, THOMAS E
12000 BISCAYNE BLVD
SUITE #800
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS E. GLICK

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COOLEY, PAUL E CMT
Address: 9411 SW 192ND DR
City-St-Zip: MIAMI, FL 33157

Title: VT ( ) Delete
Name: COOLEY, ORLY M
Address: 9411 SW 192ND DR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. COOLEY DIRE 09/24/2007

Electronic Signature of Signing Officer or Director — Date