2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000102497

Entity Name: BACK IN ACTION HEALTH CENTERS, INC.

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1501 S CONO DELRAY BEA		45			
Current Mailing Address:			New Mailing Address:		
1501 S CONC DELRAY BEA		45			
FEI Number: 65	-1052562	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
NITTI, JOSEF 1501 S CONC DELRAY BEA	GRESS AVE	45 US			
The above na in the State of		ubmits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:	JOSEPH	NITTI			
	Electron	c Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: N Address: 1	STD () IITTI, JOSEPH 501 S CONGE ELRAY BEACH		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOSEPH NITTI PRES 10/08/2007