

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000077061

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: MEDICAL WELLNESS CONSULTANTS, INC.

## Current Principal Place of Business:

3001 NE 47TH COURT  
115  
FT LAUDERDALE, FL 33308

## New Principal Place of Business:

15025 MICHAELANGELO BLVD.  
104  
DELRAY BEACH, FL 33446

## Current Mailing Address:

3001 NE 47TH COURT  
115  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

7431-34 W. ATLANTIC AVE  
142  
DELRAY BEACH, FL 33446

FEI Number: 65-1143714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPNACK, ROBIN  
3001 NE 47TH COURT  
115  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

LIPNACK, ROBIN  
15025 MICHAELANGELO BLVD  
104  
DELRAY BEACH, FL 33446 US

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: ROBIN LIPNACK

02/02/2007

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: DPS ( ) Delete  
Name: LIPNACK, ROBIN  
Address: 3001 NE 47TH COURT, 115  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: LIPNACK, ROBIN  
Address: 15025 MICHAELANGELO BLVD #104  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN LIPNACK

DPS

02/02/2007

Electronic Signature of Signing Officer or Director

Date