

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000117694

**FILED**  
**Dec 10, 2010**  
**Secretary of State**

**Entity Name:** THE INTERNATIONAL ASSOCIATION OF CERTIFIED NATURAL HEALTH COUNCELORS, INC.

**Current Principal Place of Business:**

9745 SW 72 STREET  
SUITE 116-E  
MIAMI, FL 33173

**New Principal Place of Business:**

9745 SW 72 STREET  
SUITE 125  
MIAMI, FL 33173

**Current Mailing Address:**

9745 SW 72 STREET  
SUITE 116-E  
MIAMI, FL 33173

**New Mailing Address:**

9745 SW 72 STREET  
SUITE 125  
MIAMI, FL 33173

**FEI Number:** 65-1157876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LA TORRE, GEORGE MD  
9745 SW 72 STREET  
SUITE 116-E  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

DE LA TORRE, GEORGE MD  
9745 SW 72 STREET  
SUITE 125  
MIAMI, FL 33173 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: GEORGE DE LA TORRE

12/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: DE LA TORRE, GEORGE  
Address: 9745 SW 72 STREET, SUITE 125  
City-St-Zip: MIAMI, FL 33173

I hereby 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 all other like empowered.

SIGNATURE: GEORGE DE LA TORRE

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12/10/2010

Electronic Signature of Signing Officer or Director

Date