

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000118385

FILED
May 02, 2007
Secretary of State

Entity Name: HEALTHPLEX MEDICAL ALTERNATIVES, INC.

Current Principal Place of Business:

4920 WEST CYPRESS STREET
#102
TAMPA, FL 33607

New Principal Place of Business:

8627 TIDAL BAY LANE
TAMPA, FL 33635

Current Mailing Address:

11246 WINDSOR PLACE
TAMPA, FL 33626

New Mailing Address:

8627 TIDAL BAY LANE
TAMPA, FL 33635

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUAREZ, KAREN
11246 WINDSOR PLACE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

JUAREZ, KAREN
8627 TIDAL BAY LANE
TAMPA, FL 33635 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: KAREN JUAREZ

05/02/2007

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: D () Delete
Name: JUAREZ, KAREN
Address: 11246 WINDSOR PLACE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JUAREZ, KAREN
Address: 8627 TIDAL BAY LANE
City-St-Zip: TAMPA, FL 33635

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: KAREN JUAREZ

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date