

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000050952

Entity Name: WHOLISTIC MEDICINE CLINIC, INC.

FILED  
Oct 30, 2008  
Secretary of State

## Current Principal Place of Business:

1405 SE GOLDTREE DR  
SUITE D  
PORT ST LUCIE, FL 34952

## Current Mailing Address:

P.O. BOX 881591  
PORT ST LUCIE, FL 34988

## New Principal Place of Business:

201 SW PORT SAINT LUCIE BLVD  
SUITE 204  
PORT ST LUCIE, FL 34984 US

## New Mailing Address:

FEI Number: 81-0563790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TYE, WILLIAM G III  
1405 SE GOLDTREE DRIVE  
SUITE D  
PORT ST LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

TYE, REBECCA A  
201 SW PORT SAINT LUCIE BLVD  
SUITE 100  
PORT ST LUCIE, FL 34988 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: REBECCA TYE

10/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TYE, WILLIAM G III  
Address: P.O. BOX 881591  
City-St-Zip: PORT ST LUCIE, FL 34988

Title: D ( ) Delete  
Name: GOLGOTIU, ADRIAN D  
Address: P.O. BOX 881591  
City-St-Zip: PORT ST LUCIE, FL 34988

Title: D ( ) Delete  
Name: BARRAMEDA, CELEDONIO C  
Address: P.O. BOX 881591  
City-St-Zip: PORT ST LUCIE, FL 34988

Title: D (X) Delete  
Name: PLAYER, RAMONA M  
Address: P.O. BOX 881591  
City-St-Zip: PORT ST. LUCIE, FL 34988

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: TYE, REBECCA A  
Address: P.O. BOX 881591  
City-St-Zip: PORT ST LUCIE, FL 34988

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: REBECCA TYE

D

10/30/2008

Electronic Signature of Signing Officer or Director

Date