

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000120292

FILED
Oct 15, 2006
Secretary of State

Entity Name: MONTEREY MEDICAL HEALTH SERVICES INC.

Current Principal Place of Business:

1050 S.E. MONTEREY ROAD
SUITE #101
STUART, FL 34994

New Principal Place of Business:

1050 S.E. MONTEREY ROAD
SUITE #202
STUART, FL 34994

Current Mailing Address:

1050 S.E. MONTEREY ROAD
SUITE #101
STUART, FL 34994

New Mailing Address:

1050 S.E. MONTEREY ROAD
SUITE #202
STUART, FL 34994

FEI Number: 35-2186278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, NICHOLAS
1050 S.E. MONTEREY ROAD
SUITE #101
STUART, FL 34994 US

Name and Address of New Registered Agent:

HAMILTON, DONNIE
1050 S.E. MONTEREY ROAD
SUITE #202
STUART, FL 34994 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: DONNIE HAMILTON

10/15/2006

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: PS () Delete
Name: ELLIOT, NICHOLAS
Address: 1050 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P. (X) Change () Addition
Name: HAMILTON, DONNIE
Address: 1050 SE MONTEREY ROAD #202
City-St-Zip: STUART, FL 34994 US

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: DONNIE HAMILTON

V.P.

10/15/2006

Electronic Signature of Signing Officer or Director

Date