

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000121076

FILED
Apr 04, 2005
Secretary of State

Entity Name: SMART HEALTH SOLUTIONS, P.A.

Current Principal Place of Business:

22 S.E. 3RD TERRACE
APT 19
DANIA, FL 33004 US

New Principal Place of Business:

9900 W. SAMPLE RD.
102
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

22 S.E. 3RD TERRACE
APT 19
DANIA, FL 33004 US

New Mailing Address:

9900 W. SAMPLE RD.
SUITE 102
CORAL SPRINGS, FL 33065 US

FEI Number: 06-1660863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEYANT, TIM S
22 SE 3RD TERRACE
APT 19
DANIA, FL 33004 US

Name and Address of New Registered Agent:

WEYANT, TIM S
9900 W. SAMPLE RD
SUITE 102
CORAL SPRINGS, FL 33065 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: TIM S. WEYANT

04/04/2005

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: MR. () Delete
Name: WEYANT, TIM S
Address: 22 S.E. 3RD TERRACE, APT. 19
City-St-Zip: DANIA, FL 33004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: WEYANT, TIM S
Address: 9900 W. SAMPLE RD
City-St-Zip: SUITE 102, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIM S. WEYANT

MR

04/04/2005

Electronic Signature of Signing Officer or Director

Date