2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P02000126893

Entity Name: PHYSICIANS' HEALTH SOLUTIONS FOR WELLNESS, INC.

Current Principal Place of Business:

515 WEST STATE ROAD 434
SUITE 301
LONGWOOD, FL 32750 US

New Principal Place of Business:

450 WEST STATE ROAD 434
SUITE 201
LONGWOOD, FL 32750 US

Current Mailing Address:

515 WEST STATE ROAD 434
SUITE 301
LONGWOOD, FL 32750 US

New Mailing Address:

450 WEST STATE ROAD 434
SUITE 201
LONGWOOD, FL 32750 US

FEI Number: 57-1139728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BATSON, CHARLES L
515 WEST STATE ROAD 434 SUITE 301
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BATSON, CHARLES L
450 WEST STATE ROAD 434
SUITE 201
LONGWOOD, FL 32750 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: CHARLES L BATSON 03/17/2009
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: DR ( ) Delete
Name: BATSON, CHARLES L SR
Address: 515 WEST STATE ROAD 434 SUITE 301
City-St-Zip: LONGWOOD, FL 32750 US

Title: CEO (X) Delete
Name: BATSON, CHARLES L
Address: 515 WEST STATE ROAD SUITE 301
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: BATSON, CHARLES L SR
Address: 450 WEST STATE ROAD 434 SUITE 201
City-St-Zip: LONGWOOD, FL 32750 US

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: CHARLES L BATSON DR 03/17/2009
Electronic Signature of Signing Officer or Director Date