

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000015432</b> 1. Entity Name GLM HEALTHCARE SERVICES, INC.	
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FILED

09 JAN -7 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2263 NW 2ND AVENUE 206 BOCA RATON, FL 33431	Mailing Address 2263 NW 2ND AVENUE 206 BOCA RATON, FL 33431
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12292008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

4. FEI Number <b>81-0595809</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  WINTER, DAVID 2263 NW 2ND AVENUE 206 BOCA RATON, FL 33431	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David White 12/23/08  
Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WINTER, DAVID 2263 NW 2ND AVENUE, #206 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-weight: bold; font-size: 18pt;">                     100139874161                      01/07/09--01027--005 **150.00                 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-weight: bold; font-size: 24pt;">REINSTATEMENT</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David White 12/23/08 561-338-3150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #