

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000031688

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Entity Name:** WORLD CLASS HEALTH ENTERPRISES, INC.

**Current Principal Place of Business:**

6726 VISTA LODGE LOOP  
CASTLE ROCK, CO 80108

**New Principal Place of Business:**

1330 2ND STREET SOUTH  
UNIT  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

6726 VISTA LODGE LOOP  
CASTLE ROCK, CO 80108

**New Mailing Address:**

1330 2ND STREET SOUTH  
UNIT  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 57-1157488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLAGLE, SUSAN  
1201 SAN AMARO ROAD  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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:** SUSAN SLAGLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CUNY, JOHN D  
**Address:** 1330 2ND STREET SOUTH  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN D. CUNY

PRES

06/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date