

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000031927

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** RJ INTEGRATIVE HEALTH CARE, INC.

**Current Principal Place of Business:**

58 GLENDALE DRIVE  
MIAMI SPRINGS, FL 33166 US

**New Principal Place of Business:**

1120 NIGHTINGALE AVE  
MIAMI SPRINGS, FL 33166 US

**Current Mailing Address:**

58 GLENDALE DRIVE  
MIAMI SPRINGS, FL 33166 US

**New Mailing Address:**

1120 NIGHTINGALE AVE  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 77-0596018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A & J ADVISORY SERVICE  
2620 BUTTONWOOD AVE  
MIRAMAR, FL 33025 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:** JULIAN E FERRER

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:** PST  
**Name:** URDANETA, ROBERTO J  
**Address:** 1120 NIGHTINGALE AVE  
**City-St-Zip:** MIAMI SPRINGS, FL 33166 US

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:** ROBERTO URDANETA

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03/03/2010

Electronic Signature of Signing Officer or Director

Date