2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# P03000038286

Entity Name: BABA HEALTHCARE, INC.

Current Principal Place of Business:

964 S WICKHAM RD
W.MELBOURNE, FL 32904 US

New Principal Place of Business:

964 S WICKHAM RD
102
W.MELBOURNE, FL 32904 US

Current Mailing Address:

964 S WICKHAM RD
W.MELBOURNE, FL 32904 US

New Mailing Address:

964 S WICKHAM RD
102
W.MELBOURNE, FL 32904 US

FEI Number: 43-2009042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VENKATACHALAM, NAVEEN
964 S WICKHAM
SUITE 1
W.MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

VENKATACHALAM, NAVEEN
964 S WICKHAM
SUITE 102
W.MELBOURNE, FL 32904 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: NAVEEN VENKATACHALAM 10/06/2009
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: D ( ) Delete
Name: VENKATACHALAM, NAVEEN
Address: 964 S WICKHAM,STE 1
City-St-Zip: W.MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: VENKATACHALAM, NAVEEN
Address: 964 S WICKHAM,STE 102
City-St-Zip: W.MELBOURNE, FL 32904 US

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: MAURY M. BARSON CPA 10/06/2009
Electronic Signature of Signing Officer or Director Date