

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041503

1. Entity Name  
HEALTH MANAGEMENT SOLUTIONS, INC.



05 MAY -2 PM 2:53

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business

1800 W. 49TH ST.  
SUITE 324J  
HIALEAH, FL 33012

Mailing Address

1800 W. 49TH ST.  
SUITE 324J  
HIALEAH, FL 33012

2. Principal Place of Business

10120 S.W. 215 ST  
Suite, Apt. #, etc.

3. Mailing Address

10120 S.W. 215 ST  
Suite, Apt. #, etc.



REINSTATEMENT  
FEE \$300.00

City & State

Miami FL

City & State

Miami FL

4. FEI Number

320075919

Applied For

Not Applicable

Zip

33189

Country

Dade

Zip

33189

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MAGDA F  
1800 W. 49TH ST.  
SUITE 324J  
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name  
Magda F. RODRIGUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
10120 S.W. 215 ST.  
Miami FL  
City  
FL  
Zip Code  
33189

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

*Magda F. Rodriguez*

(NOTE: Registered Agent signature required when reinstating)

4/30/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MAGDA F	
STREET ADDRESS	10120 S.W. 215 ST	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Magda F. Rodriguez*

4/30/05

DATE

Daytime Phone #

BB