2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# P03000059000

Entity Name: PERSONAL CHOICE FAMILY PRACTICE INC.

Current Principal Place of Business:

2151 45TH STREET
SUITE #301
WEST PALM BEACH, FL 33407

New Principal Place of Business:

4601 MILITARY TRAIL
SUITE #209
JUPITER, FL 33458

Current Mailing Address:

2151 45TH STREET
SUITE #301
WEST PALM BEACH, FL 33407

New Mailing Address:

4601 MILITARY TRAIL
SUITE #209
JUPITER, FL 33458

FEI Number: 13-4253424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STITSKY, LORNE S DR.
2151 45TH STREET
#301
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

STITSKY, LORNE S DR.
4601 MILITARY TRAIL
SUITE #209
JUPITER, FL 33458 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: LORNE STITSKY 10/07/2009
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: PD ( ) Delete
Name: STITSKY, LORNE S DR.
Address: 2151 45TH STREET, SUITE #301
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STITSKY, LORNE S DR.
Address: 4601 MILITARY TRAIL SUITE #209
City-St-Zip: JUPITER, FL 33458

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: LORNE STITSKY PD 10/07/2009
Electronic Signature of Signing Officer or Director Date