

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000088866

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** DUBET HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

963 SW 122 AVE  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

963 SW 122 AVE  
MIAMI, FL 33184

**New Mailing Address:**

5225 SW 122 AVENUE  
MIAMI, FL 33175

**FEI Number:** 20-0151657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PADIAL, JOSE I  
2600 S DOUGLAS ROAD  
PENTHOUSE 6  
CORAL GABLES, FL 33134 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:** JOSE PADIAL, CPA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTSD  
**Name:** MICHELL, DULCE M  
**Address:** 963 SW 122 AVE  
**City-St-Zip:** MIAMI, FL 33184

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:** DULCE MICHELL

PTSD

04/23/2012

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

\_\_\_\_\_  
Date