2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 25, 2006
Secretary of State

DOCUMENT# P04000007357

Entity Name: COLLEGE HEALTH II GP, INC.

Current Principal Place of Business:

C/O SAMUEL I BURSTYN, P.A.
2 BISCAYNE BLVD STE 2600
MIAMI, FL 33131

New Principal Place of Business:

C/O SAMUEL I BURSTYN, P.A.
801 BRICKELL AVE PH1
MIAMI, FL 33131

Current Mailing Address:

C/O SAMUEL I BURSTYN, P.A.
2 BISCAYNE BLVD STE 2600
MIAMI, FL 33131

New Mailing Address:

C/O SAMUEL I BURSTYN, P.A.
801 BRICKELL AVE. PH1
MIAMI, FL 33131

FEI Number: 20-4533432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURSTYN, SAMUEL I
C/O SAMUEL I BURSTYN, P.A.
2 BISCAYNE BLVD STE 2600
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BURSTYN, SAMUEL I
C/O SAMUEL I BURSTYN, P.A.
801 BRICKELL AVE. PH1
MIAMI, FL 33131 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: SAMUEL BURSTYN 08/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BURSTYN, SAMUEL I
Address: 2 BISCAYNE BLVD STE 2600
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BURSTYN, SAMUEL I
Address: 801 BRICKELL AVE. PH1
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Change (X) Addition
Name: BURSTYN, ESTHER D MRS.
Address: 801 BRICKELL AVE. PH1
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: ESTHER BURSTYN VP 08/25/2006
Electronic Signature of Signing Officer or Director Date