2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# P04000049884

Entity Name: MY HEALTH CENTER, INC.

Current Principal Place of Business:

18936 NW 57 AVENUE
APT. 108
MIAMI, FL 33015

New Principal Place of Business:

3750 WEST 16 AVE
SUITE 236U
HIALEAH, FL 33012

Current Mailing Address:

18936 NW 57 AVENUE
APT. 108
MIAMI, FL 33015

New Mailing Address:

3750 WEST 16 AVE
SUITE 236 U
HIALEAH, FL 33012

FEI Number: 20-0891724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, ANA M
18936 NW 57 AVENUE
APT. 108
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

PEREZ, ANA M
3750 WEST 16 AVE SUITE 236U
APT. 108
HIALEAH, FL 33012 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: ANA M PEREZ 03/23/2006
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: P,VP ( ) Delete
Name: PEREZ, ANA
Address: 18936 NW 57 AVENUE, APT 108
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: PEREZ, ANA
Address: 18936 NW 57 AVENUE, APT 108
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition
Name: PEREZ, ANA
Address: 3750 WEST 16 AVE SUITE 236U
City-St-Zip: HIALEAH, FL 33012

Title: S (X) Change ( ) Addition
Name: PEREZ, ANA
Address: 3750 WEST 16 AVE SUITE 236U
City-St-Zip: HIALEAH, FL 33012

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: ANA M PEREZ PVPS 03/23/2006
Electronic Signature of Signing Officer or Director Date