

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 AM 9:33

DOCUMENT # P04000050455

1. Entity Name
HOLLYWOOD HEALTH VENTURES, INC.



Principal Place of Business
1930 Harrison Street
Suite 503
HOLLYWOOD, FL 33020

Mailing Address
1930 Harrison Street
Suite 503
HOLLYWOOD, FL 33020

REINSTATEMENT 05-04

2. Principal Place of Business
1930 Harrison Street

3. Mailing Address
1930 Harrison Street

Suite, Apt. #, etc.

Suite 503

Suite, Apt. #, etc.

Suite 503

01272006

REIN-P

CR2E098 (11/05)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
20-1035352

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOCHSTEIN, FRED
1930 Harrison Street
Suite 503
Hollywood, FL 33020

7. Name and Address of New Registered Agent

Name
Hochshtein, Fred
Street Address (P.O. Box Number is Not Acceptable)
1930 Harrison Street
Suite 503
City
Hollywood FL Zip Code
33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME DEFLAVIA, FRANK J
STREET ADDRESS 1940 HARRISON STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ST ☐ Delete
NAME FLAVIA, FRANK J
STREET ADDRESS 1940 HARRISON STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME DeFlavia, Frank J.
STREET ADDRESS 1930 Harrison St., Ste. 503
CITY-ST-ZIP Hollywood, FL 33020

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME DeFlavia, Frank J.
STREET ADDRESS 1930 Harrison St., Ste. 503
CITY-ST-ZIP Hollywood, FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Frank J. DeFlavia

1-30-06

954-921-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #