

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262007 REIN-P CR2E098 (1/07)

DOCUMENT # P04000110849	
1. Entity Name ALTERNATIVE MEDICAL GROUP, INC.	

Principal Place of Business 2702 W. TAMPA BAY BLVD. SUITE A TAMPA, FL 33607	Mailing Address 2702 W. TAMPA BAY BLVD. SUITE A TAMPA, FL 33607
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 34-2009132	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LODEN, SCOTT 4601 CENTRAL AVENUE ST PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name <u>Jose G. Celpa</u> Street Address (P.O. Box Number is Not Acceptable) <u>2702 W TAMPA BAY BLVD STE A</u> City <u>TAMPA</u> FL Zip Code <u>33607</u>
---	--

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 Jose G. Celpa (NOTE: Registered Agent signature required when reinstating) DATE 9/26/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CELPA, LUIS M 2702 W. TAMPA BAY BLVD., SUITE A TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000110158310 10/02/07--01010--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP/ST JOSE G CELPA 27 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Jose G Celpa DATE 9/26/07 813-875-4444

1014