2005 FOR PROFIT CORPORATION REINSTATEMENT

	.005 .	REINS	TAT	EMENT		•		FIL	= D			
DOCUMENT # P04000126486												
1. Entity Name							3	CT IC	PH 2: 10			
SOLUTION HEALTH CENTER, INC.						1		· · · ·	AIE			
D : : 101-	- 10					COO W 1 1 1 1		TYAHASS	LE, FLORIDA	7		
Principal Place of Business 175 FOUNTAINEBLEAU BLVD STE 2D-1				lailing Address 175 FOUNTAINEBLEAL	TF 2D-1	17	(CC) (III)					
MIAMI, FL 33172-4598				MIAMI, FL 33172-4598								
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10052005	REIN-P	CR2E	098 (6/04)	
City & State				City & State				4. FEI Numbe	r			polied For
Žip	Country			Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required				litional		
6. Name and Address of Current F				stered Agent	7. Name and Address of New Registered Agent							
LEON, WANDA I						Name						
175 FOUNTAINEBLEAU BLVD STE 2D-1 MIAMI, FL 33172-4598			2D-1		Street Address (P.O. Box Number is Not Acceptable)							
	00112 11											
		1				City				FL	Zip Cod	e
8. The above	named entit	y submits this statem	ent for the	purpose of changing its	register	ed office or re-	gistere	ed agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
	× //								_	-10-	2-300	<i>,</i>
SIGNATURE.	soft of	or priviled name of registered	d agent and tide	e if applicable, (NO)	E: Register	ed Agent signatur	re require	ed when reinstating)		DATE	<u> </u>	3,99
Fil	E NOWIE	FEE IS \$150.00							In accordance	with a GO	7 103/2Vb)	ES the
	,	06, Fee will be \$	300.00	}					corporation did			
10.		OFFICERS	AND DIRE	CTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE NAME	DPT	ANDA I		☐ Delete	TITL NAM						Change	☐ Addition
STREET ADDRESS	SESS 9320 FOUNTAINEBLEAU BLVD SPT 609 STREE					ET ADDRESS					4	
CITY-SI-ZIP	MIAMI, FI	L 33172	· 		_	-ST-ZIP				177	O	<u> </u>
TITLE NAME	MORALE	S, JOSE		☐ Delete	TITL		184			•	Change	Addition
STREET ADDRESS CITY-ST-ZIP	102 NW 5	-				EET ADDRESS	U	== 11.44 1.				1
TITLE	MIAMI, FI	L 33140			TITL	'-ST-ZIP E			(िन्स)	1. pr	☐ Change	Addition
NAME				_ Octob	NAM	IE			0007	,	o.egs	
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TITLE	<u> </u>		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL	E					Change	☐ Addition
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TITLE				☐ Delete	TITL	1		•			Change	☐ Addition
NAME STREET ADDRESS					nam Str	eet address		40 10712	00605 0501057-	833	394	50
CITY-ST-ZIP	ļ	·			CITY	-ST-ZIP		10/15/	.n2n1n2t-	UUI	**150 .	IJIJ
TITLE NAME				Delete	TITE NAM						☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	ł		 	***		/-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental pepor 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 trested 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 the didness, with all other like empowered.												
12. Thereby indicated of the co-	certify that the certify that the certify that the certific reportion or the certific report on an attention or the certific report of th	ne information supplied ort or supplemental fighter receiver or trusted the receiver or trusted tachment with an edd	ed with this port is true empowers fress, with a	filing does not qualify to and accurate and that ed to execute this repor- all other like empowered	my signa t as requ d.	iture shall hav ired by Chapt	e the s ter 607	same legal effec , Florida Statule	it as if made under is; and that my nam	oath; that I e appears	enity that the t am an officer in Block 10 o	r or director or Block 11 if
12. Thereby indicated of the conchanged	on this report reporation or t , or on an att	the receiver or trasfer tachment with the add	eport is true empowere lress, with a	Thing Goes not qualify to and accurate and that ed to execute this reportal other like empowered and the empowered that the empower empo	my signa t as requ d.	iture shall havined by Chapt	e the s ter 607	same legal effect , Florida Statule	it as if made under is; and that my nam	oath; that I be appears	am an officer in Block 10 o	or director Block 11 it

SOLUTION HEALTH CENTER, INC 175 FOUNTAINEBLEU BLVD. STE. 2D-1 MIAMI, FL 33172-4598 (305) 223-3325 (786) 256-0152

Miami, Oct. 5th, 2005 Re: SOLUTION HEALTH CENTER, INC F.E.I.: NONE

Document #: P04000126486

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

This letter is to inform you that we did not received any correspondence from your department for SOLUTION HEALTH CENTER, INC for the last year.

Enclosed please find Uniform Business Report for 2005, for the above Corporation along with the payment.

If you have any questions do not hesitate to contact us.

Very truly,

Wanda I. Leon Brasidant