

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000131739

FILED
Sep 18, 2006
Secretary of State

Entity Name: PRIME HEALTH NETWORK INC.

Current Principal Place of Business:

2574 N. UNIVERSITY DRIVE
217
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2574 N. UNIVERSITY DRIVE
217
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 20-1639497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, GREGORY
2574 N. UNIVERSITY DRIVE
217
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

SHAW, GREGORY
4300 N. UNIVERSITY DR.
E-106
SUNRISE, FL 33351 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: GREGORY SHAW

09/18/2006

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: D () Delete
Name: SHAW, GREGORY
Address: 2574 N. UNIVERSITY DRIVE, STE 217
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: SAAVEDRA, JORGE F
Address: 2574 N. UNIVERSITY DRIVE, STE 217
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHAW, GREGORY
Address: 4300 N. UNIVERSITY DR. E-106
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: SAAVEDRA, JORGE F
Address: 4300 N. UNIVERSITY RD. E-106
City-St-Zip: SUNRISE, FL 33351

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: GREGORY SHAW

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09/18/2006

Electronic Signature of Signing Officer or Director

Date