

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000131739

Entity Name: PRIME HEALTH NETWORK INC.

FILED  
Oct 05, 2007  
Secretary of State

## Current Principal Place of Business:

2574 N. UNIVERSITY DRIVE  
217  
SUNRISE, FL 33322

## New Principal Place of Business:

4555 NW 103RD AVE  
250  
SUNRISE, FL 33351

## Current Mailing Address:

2574 N. UNIVERSITY DRIVE  
217  
SUNRISE, FL 33322

## New Mailing Address:

4555 NW 103RD AVE  
250  
SUNRISE, FL 33351

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  
4300 N. UNIVERSITY DR.  
E-106  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

SHAW, GREGORY  
4555 NW 103RD AVE  
250  
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: GREGORYN SHAW

10/05/2007

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: 4300 N. UNIVERSITY DR. E-106  
City-St-Zip: SUNRISE, FL 33351

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHAW, GREGORY  
Address: 4555 NW 103RD AVE. #250  
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition  
Name: SAAVEDRA, JORGE F  
Address: 4555 NW 103RD AVE. #250  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify 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

D

10/05/2007

Electronic Signature of Signing Officer or Director

Date