# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 17, 2005**
**Secretary of State**

DOCUMENT# P04000134904

**Entity Name:** MEDLINK WELLNESS & MEDICAL CENTERS INC

**Current Principal Place of Business:**

3106 COMMERCE PARKWAY
MIRAMAR, FL 33025

**New Principal Place of Business:**

5300 NW 77TH CT
MIAMI, FL 33166

**Current Mailing Address:**

9610 SW 11 STREET
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

5300 NW 77TH CT
MIAMI, FL 33166 US

**FEI Number: 86-1115679** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEEMAN, ANDREW
9610 SW 11 STREET
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

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: HEEMAN, ARRIF A
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: P ( ) Delete
Name: HEEMAN, ARRIF A
Address: 9610 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: EDUARDO, HERNADEZ
Address: 5300 NW 77TH CT
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEEMAN, ARRIF A P 11/17/2005
Electronic Signature of Signing Officer or Director Date