

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000134904

FILED
Feb 28, 2008
Secretary of State

Entity Name: MEDLINK WELLNESS & MEDICAL CENTERS INC

Current Principal Place of Business:

761 E. OKEECHOBEE RD
HIALEAH, FL 33010

New Principal Place of Business:

1124 NW 204 STREET
MIAMI, FL 33169

Current Mailing Address:

761 E. OKEECHOBEE RD
HIALEAH, FL 33010

New Mailing Address:

1124 NW 204 STREET
MIAMI, FL 33169

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
761 E. OKEECHOBEE RD
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

GAYLE, OLIVER
1124 NW 204 STREET
MIAMI GARDENS, FL 33169 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: OLIVER GAYLE

02/28/2008

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: P (X) Change () Addition
Name: GAYLE, OLIVER A
Address: 1124 NW 204 STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP () Change (X) Addition
Name: MILLER, LANORRIS QUENTIN
Address: 1270 NW 116 TERRACE
City-St-Zip: MIAMI, FL 33167

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: OLIVER GAYLE

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date