

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000143260

FILED
May 23, 2006
Secretary of State

Entity Name: NAPLES HEALTH GROUP ASSOCIATES, INC.

Current Principal Place of Business:

2626 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Principal Place of Business:

2800 GLADES CIRCLE
155
FORT LAUDERDALE, FL 33327

Current Mailing Address:

PO BOX 266654
WESTON, FL 33326

New Mailing Address:

PO BOX 267591
WESTON, FL 33326

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZOLDAN, MICHAEL
1408 BANYAN WAY
WESTON, FL 33327 US

Name and Address of New Registered Agent:

SAMILOW, STEVEN
2800 GLADES CIRCLE
FORT LAUDERDALE, FL 33327 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: STEVEN SAMILOW

05/23/2006

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: ISMAEL, LANDRON
Address: 2800 GLADES CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33327

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: ISMAEL LANDRON

P

05/23/2006

Electronic Signature of Signing Officer or Director

Date