2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# P05000010189

Entity Name: COUNTRY WALK MEDICAL, INC.

Current Principal Place of Business:

13781 SW 152ND ST.
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

13781 SW 152ND ST.
MIAMI, FL 33177

New Mailing Address:

11479 SW 40TH STREET
MIAMI, FL 33165

FEI Number: 20-2500032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRENT, MARTA
13781 SW 152ND ST.
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

TORRENT, MARTA
11479 SW 40TH STREET
MIAMI, FL 33165 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: MARTA TORRENT 01/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HERSHMAN, LLOYD
Address: 13781 SW 152ND ST.
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: HERSHMAN, KENNETH
Address: 13781 SW 152ND ST.
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: TORRENT, MARTA
Address: 13781 SW 152ND ST.
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: LOPEZ, MARIA E
Address: 13781 SW 152ND ST.
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HERSHMAN, LLOYD
Address: 11479 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change ( ) Addition
Name: HERSHMAN, KENNETH
Address: 11479 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change ( ) Addition
Name: TORRENT, MARTA
Address: 11479 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change ( ) Addition
Name: LOPEZ, MARIA E
Address: 11479 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

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: MARTA TORRENT D 01/30/2008
Electronic Signature of Signing Officer or Director Date