

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000013475

Entity Name: PHS US MANAGEMENT INC.

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

117 KEARNEY LAKE ROAD
SUITE 11, HALIFAX
NOVA SCOTIA CANADA B3M 4N9,

Current Mailing Address:

117 KEARNEY LAKE ROAD
SUITE 11, HALIFAX
NOVA SCOTIA CANADA B3M 4N9,

New Principal Place of Business:

117 KEARNEY LAKE ROAD
SUITE 11, HALIFAX
NOVA SCOTIA CANADA B3M 4N9, OC XXXXXXXXXX OC

New Mailing Address:

4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES, FL 34103 US

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

Name and Address of Current Registered Agent:

IACONO, PETER J
4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MCMACKIN, III, F. JOSEPH
4001 TAMIAMI TRAIL NORTH
SUITE 250
NAPLES, FL 34103 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: F. JOSEPH MCMACKIN, III

10/11/2006

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:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Change (X) Addition
Name: SQUIRES, W. GLENN
Address: 117 KEARNEY LAKE ROAD, SUITE 11, HALIFAX
City-St-Zip: NOVA SCOTIA CANADA, OC B3M 4N9 OC

Title: DVPS () Change (X) Addition
Name: GOOD, EDWARD
Address: 117 KEARNEY LAKE ROAD, SUITE 11, HALIFAX
City-St-Zip: NOVA SCOTIA CANADA, OC B3M 4N9 OC

Title: DVPT () Change (X) Addition
Name: AQUILINI, ROBERTO
Address: 117 KEARNEY LAKE ROAD, SUITE 11, HALIFAX
City-St-Zip: NOVA SCOTIA CANADA, OC B3M 4N9 OC

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: W. GLENN SQUIRES

D

10/11/2006

Electronic Signature of Signing Officer or Director

Date