

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000066078

**FILED**  
**Nov 03, 2006**  
**Secretary of State**

**Entity Name:** COTERA HEALTH SERVICES, INC

**Current Principal Place of Business:**

4540 SW 138 CT  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

4540 SW 138 CT  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 75-3208343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTERA, SILVIA  
4540 SW 138 CT  
MIAMI, FL 33175 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:** SILVIA COTERA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** COTERA, SILVIA  
**Address:** 4540 SW 138 CT  
**City-St-Zip:** MIAMI, FL 33175

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

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

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:** SILVIA COTERA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SC

11/03/2006

\_\_\_\_\_  
Date