2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2008
Secretary of State

DOCUMENT# P05000103572

Entity Name: FIRST HELP DIAGNOSTIC & TREATMENT CENTER, INC.

Current Principal Place of Business:

290 1ST STREET SOUTH
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

290 1ST STREET SOUTH
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-3237797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUISVILLE, TOMMY
290 1ST STREET SOUTH
WINTER HAVEN, FL 33880 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: TOMMY L LOUISVILLE, MD

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: PSTD ( ) Delete
Name: LOUISVILLE, TOMMY
Address: 290 1ST STREET SOUTH
City-St-Zip: WINTER HAVEN, FL 33880

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 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: TOMMY L LOUISVILLE MD PRES 11/04/2008

Electronic Signature of Signing Officer or Director — Date