

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000143892

FILED
Nov 06, 2007
Secretary of State

Entity Name: NUTRITIONAL ALTERNATIVE MEDICINE CENTER, CORP.

Current Principal Place of Business:

8181 NW SOUTH RIVER DR LOT A145
MEDLEY, FL 33166

New Principal Place of Business:

2204 NW 82 AVE
MIAMI, FL 33122

Current Mailing Address:

8181 NW SOUTH RIVER DR LOT A145
MEDLEY, FL 33166

New Mailing Address:

2204 NW 82 AVE
MIAMI, FL 33122

FEI Number: 20-3834907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MERAYO, RAMON D SR
8181 NW SOUTH RIVER DR LOT A 145
MEDLEY, FL 33166 US

Name and Address of New Registered Agent:

MERAYO, RAMON D SR
2204 NW 82 AVE
MIAMI, FL 33122 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: RAMON

11/06/2007

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: P () Delete
Name: MERAYO, RAMON D SR
Address: 8181 NW SOUTH RIVER DR LOT A 145
City-St-Zip: MEDLEY, FL 33166

Title: VP () Delete
Name: AGUILAR, NIVRYS
Address: 8181 NW SOUTH RIVER DR LOT A 145
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERAYO, RAMON D SR
Address: 2204 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

Title: VP (X) Change () Addition
Name: RAMIREZ, VICTOR M
Address: 2204 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

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: VICTOR

VP

11/06/2007

Electronic Signature of Signing Officer or Director

Date