2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2006
Secretary of State

DOCUMENT# P05000147474

Entity Name: CLINICAL CARE PROVIDERS INC.

Current Principal Place of Business:

PO BOX 8567 CORAL WAY
241
MIAMI, FL 33155 US

New Principal Place of Business:

4545 NW 7TH ST .
SUITE 10
MIAMI, FL 33126 US

Current Mailing Address:

PO BOX 8567 CORAL WAY
241
MIAMI, FL 33155 US

New Mailing Address:

4545 NW 7TH ST .
SUITE 10
MIAMI, FL 33126 US

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

Name and Address of Current Registered Agent:

BELLON, ARMANDO
4545 NW 7TH ST SUITE 10
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

BELLON, ARMANDO
4545 NW 7TH ST.
SUITE 10
MIAMI, FL 33126 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: ARMANDO BELLON 10/25/2006
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: PST ( ) Delete
Name: BELLON, ARMANDO
Address: PO BOX 8567 CORAL WAY
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: BELLON, ARMANDO
Address: 4545 NW 7TH ST. STE: 10
City-St-Zip: MIAMI, FL 33126

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: ARMANDO BELLON PST 10/25/2006
Electronic Signature of Signing Officer or Director Date