

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000153256

FILED
Jan 15, 2007
Secretary of State

Entity Name: HEALTH CARE BUSINESS OPPORTUNITIES, INC.

Current Principal Place of Business:

717 PONCE DE LEON BOULEVARD
SUITE 330
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

717 PONCE DE LEON BOULEVARD
SUITE 330
CORAL GABLES, FL 33134

New Mailing Address:

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

Name and Address of Current Registered Agent:

CARNERO, PEDRO
717 PONCE DE LEON BOULEVARD
SUITE 330
CORAL GABLES, FL 33134 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: PEDRO CARNERO

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: PSD () Delete
Name: CARNERO, PEDRO
Address: 717 PONCE DE LEON BOULEVARD, SUITE 330
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ALVAREZ, MATILDE
Address: 717 PONCE DE LEON BOULEVARD, SUITE 330
City-St-Zip: CORAL GABLES, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PEDRO CARNERO

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01/15/2007

Electronic Signature of Signing Officer or Director

Date