

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000161127

FILED
Sep 21, 2006
Secretary of State

Entity Name: ACUTE HEALTH CARE SERVICES,INC

Current Principal Place of Business:

888 NW 27TH AVENUE, SUITE 12
MIAMI, FL 33125 US

New Principal Place of Business:

888 NW 27TH AVENUE
SUITE 12
MIAMI, FL 33125 US

Current Mailing Address:

888 NW 27TH AVENUE, SUITE 12
MIAMI, FL 33125 US

New Mailing Address:

888 NW 27TH AVENUE
SUITE 12
MIAMI, FL 33125 US

FEI Number: 20-3908925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, ALFREDO
7291 SW 13 STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

RUIZ, ALFREDO
888 NW 27 AVE
SUITE 12
MIAMI, FL 33125 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: ALFREDO RUIZ

09/21/2006

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: P () Delete
Name: RUIZ, ALFREDO
Address: 7291 SW 13 STREET
City-St-Zip: MIAMI, FL 33144 US

Title: VP () Delete
Name: ROMAN, PABLO
Address: 4777 SW 4 STREET
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUIZ, ALFREDO
Address: 888 NW 27 AVE - SUITE 12
City-St-Zip: MIAMI, FL 33125 US

Title: VP (X) Change () Addition
Name: RUIZ, LEONOR
Address: 888 NW 27 AVE - SUITE 12
City-St-Zip: MIAMI, FL 33125 US

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: ALFREDO RUIZ

P

09/21/2006

Electronic Signature of Signing Officer or Director

Date