

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000167945

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** HEALTH RECOVERY SOLUTIONS, INC.

**Current Principal Place of Business:**

P.O. BOX 1871  
MIAMI, FL 33152 US

**New Principal Place of Business:**

8217 S.W. 107 AVENUE SUITE 8  
MIAMI, FL 33173 US

**Current Mailing Address:**

P.O. BOX 1871  
MIAMI, FL 33152 US

**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:**

BLANCA, MARIO  
714 E. 49 STREET  
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

MARTINEZ, ROBERTO E  
8217 S.W. 107 AVENUE SUITE 8  
MIAMI, FL 33173 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: ROBERTO E. MARTINEZ

04/26/2007

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: MARTINEZ, ROBERTO E  
Address: P.O. BOX 1871  
City-St-Zip: MIAMI, FL 33152 US

Title: VP ( ) Delete  
Name: MARTINEZ, ROBERTO E  
Address: P.O. BOX 1871  
City-St-Zip: MIAMI, FL 33152 US

Title: SEC ( ) Delete  
Name: MARTINEZ, ROBERTO E  
Address: P.O. BOX 1871  
City-St-Zip: MIAMI, FL 33152

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: ROBERTO E. MARTINEZ

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date