

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000019880

FILED
Nov 29, 2007
Secretary of State

Entity Name: TOUZE HEALTH INSTITUTE, INC.

Current Principal Place of Business:

7161 PEMBROKE RD
SUITE 1
PEMBROKE PINES, FL 33023 US

Current Mailing Address:

7161 PEMBROKE RD.
SUITE 1
PEMBROKE PINES, FL 33023 US

New Principal Place of Business:

4000 NORTH STATE RD-7
SUITE 406
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

9820 SW 3RD STREET
SUITE 1
PEMBROKE PINES, FL 33025 US

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

Name and Address of Current Registered Agent:

WILLIAMS, LAURNA
7161 PEMBROKE RD.
SUITE 600
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

TOUZE, EMMANUEL
4000 N.STATE RD-7
SUITE 406
LAUDERDALE LAKES, FL 33319 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: EMMANUEL TOUZE

11/29/2007

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: TOUZE, EMMANUEL
Address: 7161 PEMBROKE RD. SUITE 1
City-St-Zip: PEMBROKE PINES, FL 33023 US

Title: VP,S () Delete
Name: TOUZE, GABRIELLE
Address: 7161 PEMBROKE RD. SUITE 1
City-St-Zip: PEMBROKE PINES, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOUZE, EMMANUEL
Address: 4000 NORTH STATE RD--7--STE-406
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: VP,S (X) Change () Addition
Name: TOUZE, GABRIELLE
Address: 4000 NORTH STATE RD-7--STE-406
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

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: EMMANUEL TOUZE

P

11/29/2007

Electronic Signature of Signing Officer or Director

Date