

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000023181

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** PACIFIC HEALTH SERVICES, INC

**Current Principal Place of Business:**

7171 CORAL WAY  
205  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7460 SW 64 ST  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 37-0767336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALMON, MARIA E  
7460 SW 64TH STREET  
MIAMI, FL 33143 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:** MARIA E SALMON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SALMON, MARIA E  
**Address:** 7460 SW 64 STREET  
**City-St-Zip:** MIAMI, FL 33143

**Title:** VP  
**Name:** SALMON, MARIA E  
**Address:** 7460 SW 64 STREET  
**City-St-Zip:** MIAMI, FL 33143

**Title:** S  
**Name:** SALMON, MARIA E  
**Address:** 7460 SW 64 STREET  
**City-St-Zip:** MIAMI, FL 33143

**Title:** T  
**Name:** SALMON, MARIA E  
**Address:** 7460 SW 64 STREET  
**City-St-Zip:** MIAMI, FL 33143

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA E SALMON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/19/2010

\_\_\_\_\_  
Date