2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2008
Secretary of State

DOCUMENT# P06000038086

Entity Name: ABL INTEGRATED HEALTH CENTER INC.

Current Principal Place of Business:

286 SOUTH UNIVERSITY DRIVE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

286 SOUTH UNIVERSITY DRIVE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 43-2100209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A BETTER LIFE INTEGRATED HEALTH CENTER
14838 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484 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: L JEFFREY BURDIGE D.C. , MUAC.

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: BURDIGE, L JEFFREY DR.
Address: 286 SOUTH UNIVERSITY DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP ( ) Delete
Name: BERARD, JEFFREY T DR.
Address: 286 SOUTH UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURDIGE, L JEFFREY DR.
Address: 286 SOUTH UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

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: L JEFFREY BURDIGE D.C. ,MUAC. PRES 11/05/2008

Electronic Signature of Signing Officer or Director Date