

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000088456

**FILED**  
**Sep 29, 2008**  
**Secretary of State**

**Entity Name:** WELLNESS SOLUTIONS HEALTH CARE INC.,

**Current Principal Place of Business:**

18179 NW 73 RD AVE  
# 305  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18179 NW 73 RD AV  
# 305  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 87-0774635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, LUZ A  
18179 NW 73 RD AVE  
# 305  
MIAMI, FL 33015 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:** LUZ A GUTIERREZ

\_\_\_\_\_  
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:** GUTIERREZ, LUZ A  
**Address:** 18179 NW 73 RD AVE # 305  
**City-St-Zip:** MIAMI, FL 33015

**Title:** VP ( ) Delete  
**Name:** GUTIERREZ, LUZ S VICEPRE  
**Address:** 18179 NW 73 RD AVE # 305  
**City-St-Zip:** MIAMI, FL 33015

**Title:** SECR ( ) Delete  
**Name:** GUTIERREZ, KATHERIN A SECRE  
**Address:** 18179 NW 73 RD AVE # 305  
**City-St-Zip:** MIAMI, FL 33015

**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:** LUZ A GUTIERREZ

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

P

09/29/2008

\_\_\_\_\_  
Date