

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000097553

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** DELMAR HEALTH SOLUTION,INC.

**Current Principal Place of Business:**

15800 SW 140 CT  
MIAMI, FL 33177

**New Principal Place of Business:**

13931 SW 122 AVE  
201  
MIAMI, FL 33186

**Current Mailing Address:**

15800 SW 140 CT  
MIAMI, FL 33177

**New Mailing Address:**

13931 SW 122 AVE  
201  
MIAMI, FL 33186

**FEI Number:** 20-5281796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTRO, BRENDA L  
15800 SW 140 CT  
MAIMIA, FL 33177 US

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

CASTRO, BRENDA L  
13931 SW 122 AVE  
MIAMI, FL 33186 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: BRENDA L CASTRO

03/21/2009

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: PVP ( ) Delete  
Name: CASTRO, BRENDA L  
Address: 15800 SW 140 CT  
City-St-Zip: MIAMI, FL 33177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PVP (X) Change ( ) Addition  
Name: CASTRO, BRENDA L  
Address: 13931 SW 122 AVE APT 201  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Change (X) Addition  
Name: CASTRO, BRENDA L  
Address: 13931 SW 122 AVE APT 201  
City-St-Zip: MIAMI, FL 33186

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: BRENDA L CASTRO

P

03/21/2009

Electronic Signature of Signing Officer or Director

Date