


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000135800

1. Entity Name
HEALTHBIZ CORP.



FILED
08 APR -8 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2465 SAN PIETRO CIRCLE PALM BEACH GARDENS, FL 33410	Mailing Address 2465 SAN PIETRO CIRCLE PALM BEACH GARDENS, FL 33410
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change to! *change to!*

2. Principal Place of Business - No P.O. Box # 8974 SE Bridge Road	3. Mailing Address 8974 SE Bridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Hobe Sound, FL	City & State Hobe Sound, FL	4. FEI Number 20576240Z	Applied For <input type="checkbox"/> Not Applicable
Zip 33455	Country U.S.	Zip 33455	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENRY, BRUCE *Please change*
2465 SAN PIETRO CIRCLE
PALM BEACH GARDENS, FL 33410
8974 SE Bridge Road
Hobe Sound, FL 33455

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Henry* *President* April 1, 2008 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, BRUCE 2465 SAN PIETRO CIRCLE PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Henry, Bruce 8974 SE Bridge Road Hobe Sound, FL 33455
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry* 4.01.08 772.546.0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #