

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000000030

**FILED**  
**Aug 17, 2010**  
**Secretary of State**

**Entity Name:** BACK TO HEALTH OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

3520 S OCEAN BLVD F103  
SOUTH PALM BEACH, FL 33480

**New Principal Place of Business:**

3520 S OCEAN BLVD  
H 506  
SOUTH PALM BEACH, FL 33480

**Current Mailing Address:**

3520 S OCEAN BLVD F103  
SOUTH PALM BEACH, FL 33480

**New Mailing Address:**

3520 S OCEAN BLVD  
H 506  
SOUTH PALM BEACH, FL 33480

**FEI Number:** 20-8143605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VON GUSTEDT, ANDREW J ESQ  
505 S FLAGLER DRIVE STE 300  
WEST PALM BEACH, FL 33401 US

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

FLAGELLO, JOSEPH M JR.  
3520 S OCEAN BLVD  
H 506  
SOUTH PALM BEACH, FL 33480 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: JOSEPH M. FLAGELLO JR.

08/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: FLAGELLO, JOSEPH M JR  
Address: 3520 S OCEAN BLVD H 506  
City-St-Zip: SOUTH PALM BEACH, FL 33480

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: JOSEPH M FLAGELLO JR.

PRES

08/17/2010

Electronic Signature of Signing Officer or Director

Date