2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000040007

Entity Name: HOUSE-DOCTOR.COM CORP.

FILED Oct 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Principal Place of Business.

7662 NORTHWEST 6TH AVENUE 6933 FINAMORE CIRCLE

LAKE WORTH, FL 33467 US BLDG. 204 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

7662 NORTHWEST 6TH AVENUE 6586 HYPOLUXO ROAD BLDG. 204 SUITE 351

BOCA RATON, FL 33487 LAKE WORTH, FL 33467 US

FEI Number: 45-0566642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THE WOLFF LAW FIRM THE WOLFF LAW FIRM 1401 EAST BROWARD BOULEVARD 1401 EAST BROWARD BLVD. VICTORIA PARK CENTRE, SUITE 204 SUITE 305 FORT LAUDERDALE, FL 33301 US FT. LAUDERDALE, FL 33301 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: CLIFFORD A. WOLFF, ESQ. 10/14/2008

> 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HEBERLE, STEPHEN HEBERLE, STEPHEN Name: Name:

7662 NW 6TH AVENUE, BLDG. 204 Address: 6586 HYPOLUXO ROAD; SUITE 351 Address:

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: LAKE WORTH, FL 33467

Title: VΡ Title: () Change () Addition () Delete

PERFETTO, FRED Name: Name: 7662 NW 6TH AVENUNE, BLDG. 204 Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition

PARKER, ROB Name: Name: 7662 NW 6TH AVENUE, BLDG, 204 Address: Address: City-St-Zip:

BOCA RATON, FL 33487

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.

City-St-Zip:

SIGNATURE: CLIFFORD A. WOLFF, ESQ. **PRES** 10/14/2008