

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000052072

FILED
Apr 01, 2009
Secretary of State

Entity Name: PROFESSIONAL HEALTH SERVICES, INC

Current Principal Place of Business:

6920 SW 44 STREET
BLDG K32 APT 112
MIAMI, FL 33165 US

New Principal Place of Business:

4820 SW 87TH AVE
MIAMI, FL 33165 US

Current Mailing Address:

6920 SW 44 STREET
BLDG K32 APT 112
MIAMI, FL 33165 US

New Mailing Address:

4820 SW 87TH AVE
MIAMI, FL 33165 US

FEI Number: 20-8950084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFANTE, LIANNE
6920 SW 44 STREET
BLDG K32 APT 112
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

REVILLA, LIANNE
4820 SW 87TH AVE
MIAMI, FL 33165 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: LIANNE REVILLA

04/01/2009

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: P () Delete
Name: INFANTE, LIANNE
Address: 6920 SW 44 STREET, BLDG K32 APT 112
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REVILLA, LIANNE
Address: 4820 SW 87TH AVE
City-St-Zip: MIAMI, FL 33165 US

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: LIANNE REVILLA

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date