# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 13, 2008**
**Secretary of State**

DOCUMENT# P07000066827

**Entity Name:** PATIENT ADVOCATE CONSULTANTS, INC.

**Current Principal Place of Business:**

7596 SW 102ND STREET SUITE 301
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7596 SW 102ND STREET SUITE 301
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number: 20-4861531** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SHENKMAN, DAVID M
2701 S BAYSHORE DR SUITE 602
MIAMI, FL 33131 US

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

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: DAVID M. SHENKMAN
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: D ( ) Delete
Name: SHENKMAN, DAVID M
Address: 2701 S BAYSHORE DR SUITE 602
City-St-Zip: MIAMI, FL 33133

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID M. SHENKMAN D 10/13/2008
Electronic Signature of Signing Officer or Director Date