

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000067528

FILED
Nov 12, 2008
Secretary of State

Entity Name: HEALTH IMPROVEMENT SERVICES INC.

Current Principal Place of Business:

5646 WELLESLEY PARK DRIVE
SUITE 301
BOCA RATON, FL 33433

New Principal Place of Business:

9087 SW 22ND ST
E
BOCA RATON, FL 33428

Current Mailing Address:

5646 WELLESLEY PARK DRIVE
SUITE 301
BOCA RATON, FL 33433

New Mailing Address:

9087 SW 22ND ST
E
BOCA RATON, FL 33428

FEI Number: 68-0653765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLODNE, MARK R
8177 WEST GLADES ROAD
#211
BOCA RATON, FL 33434 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: MARK COLODNE

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: SUAREZ, CARLOS
Address: 5646 WELLESLEY PARK DRIVE, SUITE 301
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: GUZMAN, MARTHA
Address: 5646 WELLESLEY PARK DRIVE, SUITE 301
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUAREZ, CARLOS
Address: 9087 SW 22ND ST # E
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Change () Addition
Name: GUZMAN, MARTHA
Address: 9087 SW 22ND ST # E
City-St-Zip: BOCA RATON, FL 33428

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: CARLOS M SUAREZ

D

11/12/2008

Electronic Signature of Signing Officer or Director

Date