

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000071804

FILED  
Oct 23, 2009  
Secretary of State

Entity Name: CHOICES HEALTHCARE SOLUTIONS INC.

## Current Principal Place of Business:

901 GEORGE BUSH BLVD  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

2710 FLORIDA BLVD  
DELRAY BEACH, FL 33483 46

## Current Mailing Address:

2710 FLORIDA BLVD  
DELRAY BEACH, FL 33483

## New Mailing Address:

2710 FLORIDA BLVD  
DELRAY BEACH, FL 33483 46

FEI Number: 26-1822095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARCURI, IGNATIUS P ADMIN  
901 GEORGE BUSH BLVD  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

WEXEL, STEVEN D  
2710 FLORIDA BLVD  
DELRAY BEACH, FL 33483 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: STEVEN WEXEL

10/23/2009

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: ONETT, MICHAEL M  
Address: 1 SLEEPY HOLLOW RD  
City-St-Zip: ATKINSON, NH 08811

Title: VP (X) Delete  
Name: DEWERD, STACY  
Address: 7819 PARRISH AVENUE, NE  
City-St-Zip: OTSEGO, MN 55330

Title: S (X) Delete  
Name: ONETT, GEORGE  
Address: 1802 NW 42 PL  
City-St-Zip: OCALA, FL 34475

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL ONETT

PD

10/23/2009

Electronic Signature of Signing Officer or Director

Date