

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # **PO7000081776**

1. Entity Name

HEALTH BEAT OF AMERICA, INC.

Healthbeat of America, Inc.



Principal Place of Business

2226 KARA CHASE
SARASOTA, FL 34240

Mailing Address

2226 KARA CHASE
SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 52546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

Country

34232

USA



REINSTATEMENT 08

10122000

REIN

CRZE098 11/07

4. FEI Number

26-0545272

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ROCHELLE J
2226 KARA CHASE
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rochelle J. Herman

(NOTE: Registered Agent signature required when reinstating)

10-07-08

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P. ☐ Delete
NAME HERMAN, ROCHELLE J
STREET ADDRESS 2226 KARA CHASE
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300137492103
CITY-ST-ZIP 10/30/08--01037--017 **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE

Rochelle J. Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-08

Date

941-907-4743
941-350-4497

Daytime Phone #