

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000086009

FILED  
Oct 23, 2008  
Secretary of State

Entity Name: HEALTHCARE SOLUTIONS FOR SENIORS, INC.

## Current Principal Place of Business:

12928 MIZNER WAY  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

## Current Mailing Address:

12928 MIZNER WAY  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 35-2308778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: ROBERT SHAPIRO

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: VAN WART, DEAN  
Address: 12928 MIZNER WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: TRES ( ) Delete  
Name: VAN WART, BARBARA  
Address: 12928 MIZNER WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: SECT ( ) Delete  
Name: VAN WART, DEAN  
Address: 12928 MIZNER WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: DIR ( ) Delete  
Name: VAN WART, LEO SR.  
Address: 12928 MIZNER WAY  
City-St-Zip: WELLINGTON, FL 33414 US

## 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:

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: DEAN VAN WART

PRES

10/23/2008

Electronic Signature of Signing Officer or Director

Date