

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000112678

Entity Name: MANDALA HEALTH CORPORATION

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

5100 DUPONT BLVD.  
41  
FORT LAUDERDALE, FL 33308 US

## Current Mailing Address:

5100 DUPONT BLVD.  
41  
FORT LAUDERDALE, FL 33308 US

FEI Number: 26-1235725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

77 HARBOR DRIVE  
8  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

77 HARBOR DRIVE  
8  
KEY BISCAYNE, FL 33149 US

## Name and Address of Current Registered Agent:

EDWIN TUNICK P. A.  
5100 DUPONT BLVD.  
41  
FORT LAUDERDALE, FL 33308 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: EDWIN TUNICK

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: LIESKE, FRITZ H  
Address: 30262 CROWN VALLEY PARKWAY # 388  
City-St-Zip: LAGUNA NIGUEL, CA 92677 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition  
Name: NEWMAN, DAVID  
Address: 77 HARBOR DRIVE # 8  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D ( ) Change (X) Addition  
Name: HAIMES, LEONARD  
Address: 77 HARBOR DRIVE #8  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: FRITZ LIESKE

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date