

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000120494

Entity Name: FRANKLIN HEALTH, INC.

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

3915 MAJESTIC PALM WAY
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

3915 MAJESTIC PALM WAY
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-5993209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, SARA
3915 MAJESTIC PALM WAY
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

FRANKLIN, SARAH
3915 MAJESTIC PALM WAY
DELRAY BEACH, FL 33445 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: SARAH FRANKLIN

03/08/2009

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: FRANKLIN, SARA
Address: 3915 MAJESTIC PALM WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANKLIN, SARAH
Address: 3915 MAJESTIC PALM WAY
City-St-Zip: DELRAY BEACH, FL 33445 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: SARAH FRANKLIN

P

03/08/2009

Electronic Signature of Signing Officer or Director

Date