2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2009
Secretary of State

DOCUMENT# P08000007931

Entity Name: PROFESSIONAL HEALTH CHOICE, INC.

Current Principal Place of Business:

4994 NW 88TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4994 NW 88TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-1796850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, LUCIOUS JR
4920 NW 85TH TERR
LAUDERHILL, FL 33351 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: LUCIOUS COLEMAN, JR

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: COLEMAN, LUCIOUS JR.
Address: 4994 NW 88TH STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUCIOUS COLEMAN, JR. P 10/04/2009

Electronic Signature of Signing Officer or Director Date