

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000016792

Entity Name: HEALTH WEB GROUP, CORP.

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

10255 NW 60TH PLACE
PARKLAND, FL 33076 US

New Principal Place of Business:

49 N FEDERAL HWY
STE 220
POMPANO BEACH, FL 33062 US

Current Mailing Address:

10255 NW 60TH PLACE
PARKLAND, FL 33076 US

New Mailing Address:

49 N FEDERAL HWY
STE 220
POMPANO BEACH, FL 33062 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESCITELLI, JOHN
10255 NW 60TH PLACE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

CRESCITELLI, JOHN
49 N FEDERAL HWY
STE 220
POMPANO BEACH, FL 33062 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: JOHN CRESCITELLI

10/13/2009

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,D () Delete
Name: CRESCITELLI, JOHN
Address: 10255 NW 60TH PLACE
City-St-Zip: PARKLAND, FL 33076 US

Title: S () Delete
Name: LUNSFORD, JAMES
Address: 101 BRINY AVENUE
City-St-Zip: SUITE# 303, FL 33062 US

Title: T () Delete
Name: LUNSFORD, JAMES
Address: 101 BRINY AVENUE
City-St-Zip: SUITE# 303, FL 33062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: CRESCITELLI, JOHN
Address: 49 N FEDERAL HWY STE 220
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S (X) Change () Addition
Name: LUNSFORD JR, JAMES A
Address: 49 N FEDERAL HWY STE 220
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: T (X) Change () Addition
Name: LUNSFORD, JAMES
Address: 49 N FEDERAL HWY STE 220
City-St-Zip: POMPANO BEACH, FL 33062 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: JOHN CRESCITELLI

P,D

10/13/2009

Electronic Signature of Signing Officer or Director

Date