2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 26, 2012
Secretary of State

DOCUMENT# P08000062272

Entity Name: PHARMACY HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

607 N.E. 69TH STREET
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

607 N.E. 69TH STREET
MIAMI, FL 33138

New Mailing Address:

FEI Number: 26-2921811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD STE 209
OAKLAND PARK, FL 33311 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: CHUCK MOGBO

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP
Name: KWANGWARI, CHRIS N
Address: 607 N.E. 69TH STREET
City-St-Zip: MIAMI, FL 33138

Title: DVS
Name: ADEWUMI, ADESOJI M
Address: 607 N.E. 69TH STREET
City-St-Zip: MIAMI, FL 33138

I hereby 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 all other like empowered.

SIGNATURE: CHRIS N KWANGWARI DP 02/26/2012

Electronic Signature of Signing Officer or Director — Date