2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P08000080348

Entity Name: CENTRAL FLORIDA HEALTH SYSTEMS, INC.

Current Principal Place of Business:

10006 CROSS CREEK BLVD.
521
TAMPA, FL 33647

New Principal Place of Business:

1200 CORPORATE CENTER WAY
200
WELLINGTON, FL 33414

Current Mailing Address:

10006 CROSS CREEK BLVD.
521
TAMPA, FL 33647

New Mailing Address:

1200 CORPORATE CENTER WAY
200
WELLINGTON, FL 33414

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESLEY, MICHAEL R ESQ.
10006 CROSS CREEK BLVD.
521
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

PRESLEY, MICHAEL R ESQ.
1200 CORPORATE CENTER WAY
200
WELLINGTON, FL 33414 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: MICHAEL R PRESLEY, ESQ 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: PRESLEY, MICHAEL R ESQ.
Address: 10006 CROSS CREEK BLVD. - 521
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: PRESLEY, MICHAEL R ESQ.
Address: 1200 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

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: MICHAEL R PRESLEY, ESQ PD 10/13/2009
Electronic Signature of Signing Officer or Director Date