

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000014451

**FILED**  
**Dec 01, 2010**  
**Secretary of State**

**Entity Name:** FIRST CHOICE HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

1750 W 46TH ST #440  
HIALEAH, FL 33012

**New Principal Place of Business:**

1750 W 46TH ST  
440  
HIALEAH, FL 33012

**Current Mailing Address:**

1750 W 46TH ST #440  
HIALEAH, FL 33012

**New Mailing Address:**

1750 W 46TH ST  
440  
HIALEAH, FL 33012

**FEI Number:** 26-4271620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMADOR, AMARILYS RN  
1750 W 46TH ST #440  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

AMADOR, AMARILYS RN  
1750 W 46TH ST  
440  
HIALEAH, FL 33012 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: AMARILYS AMADOR

12/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AMADOR, AMARILYS RN  
Address: 1750 W 46TH ST #440  
City-St-Zip: HIALEAH, FL 33012

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: AMARILYS AMADOR

PRES

12/01/2010

Electronic Signature of Signing Officer or Director

Date