2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 15, 2012
Secretary of State

DOCUMENT# P10000005693

Entity Name: FAMILY HEALTH INSTITUTE INC

Current Principal Place of Business:

4809 N. ARMENIA AVE, STE 210
TAMPA, FL 33603

New Principal Place of Business:

7516 N GRADY AVE
TAMPA, FL 33614

Current Mailing Address:

4809 N. ARMENIA AVE, STE 210
TAMPA, FL 33603

New Mailing Address:

PO BOX 21711
TAMPA, FL 33622

FEI Number: 27-1707687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, MANUEL A
4809 N. ARMENIA AVE, STE 210
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

MARTINEZ, JOAQUIN M
7516 N GRADY AVE
TAMPA, FL 33614 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: JOAQUIN M MARTINEZ 03/15/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MARTINEZ, JOAQUIN M
Address: 7516 N GRADY AVE
City-St-Zip: TAMPA, FL 33614

Title: D
Name: MARTINEZ, JOAQUIN M
Address: 7516 N GRADY AVE
City-St-Zip: TAMPA, FL 336614

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: JOAQUIN M MARTINEZ P 03/15/2012
Electronic Signature of Signing Officer or Director Date