

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000067309

**FILED**  
**Oct 13, 2011**  
**Secretary of State**

**Entity Name:** CLINICAL ADVANTAGE SOLUTIONS, INC.

**Current Principal Place of Business:**

917 1ST ST. SOUTH, #202  
JACKSONVILLE BCH, FL 32250

**New Principal Place of Business:**

917 1ST ST. SOUTH, #202  
UNIT 201  
JACKSONVILLE BCH, FL 32250 UN

**Current Mailing Address:**

917 1ST ST. SOUTH, #202  
JACKSONVILLE BCH, FL 32250

**New Mailing Address:**

917 1ST ST. SOUTH, #202  
UNIT 201  
JACKSONVILLE BCH, FL 32250 UN

**FEI Number:** 27-3254633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 N. A1A, SUITE 104  
PONTE VEDRA BCH, FL 32082 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: MARY JANE JACOBS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: JACOBS, MARY J  
Address: 917 1ST ST. SOUTH, #202  
City-St-Zip: JACKSONVILLE BCH, FL 32250

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: MARY JANE JACOBS

CEO

10/13/2011

Electronic Signature of Signing Officer or Director

Date