

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000069667

**FILED  
Oct 11, 2011  
Secretary of State**

**Entity Name:** COMPLETE HEALTH MEDICAL CARE, INC

**Current Principal Place of Business:**

4075 PINE RIDGE ROAD  
SUITE 4  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4075 PINE RIDGE ROAD  
SUITE 4  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 27-3340710      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HARRIETTA, CECCARELLI  
4075 PINE RIDGE ROAD  
SUITE 4  
NAPLES, FL 34119 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: CLAUDIA LOPEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARRIETTA, CECCARELLI  
Address: 4075 PINE RIDGE ROAD SUITE 4  
City-St-Zip: NAPLES, FL 34119

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: HARRIETTA CECCECARELLI

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10/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date