

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000086505

FILED
Oct 28, 2011
Secretary of State

Entity Name: HEALTHSCIENCES INSTITUTE, INC.

Current Principal Place of Business:

4905 34TH ST. S.
SUITE 5300
ST. PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

4905 34TH ST. S.
SUITE 5300
ST. PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 27-3867762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCINO, VANESA
4905 34TH ST. S.
SUITE 5300
ST. PETERSBURG, FL 33711 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: VANESA CASCINO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: ANDERSEN, BLAKE T
Address: 4905 34TH ST. S., SUITE 5300
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: T
Name: ANDERSEN, BLAKE T
Address: 4905 34TH ST. S., SUITE 5300
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: S
Name: CASCINO, VANESA
Address: 4905 34TH ST. S., SUITE 5300
City-St-Zip: ST. PETERSBURG, FL 33711 US

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: BLAKE ANDERSEN

P,D

10/28/2011

Electronic Signature of Signing Officer or Director

Date