## **2011 FOR PROFIT CORPORATION REINSTATEMENT**

## DOCUMENT# P10000090905

Entity Name: MMA HEALTHCARE SERVICES, INC

FILED Nov 01, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6332 SW. BANKS ST. PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

 3221 SEA GRAPE DR.
 6332 SW. BANKS ST.

 SPRINGHILL, FL 34607
 PALM CITY, FL 34990

FEI Number: 27-3934149 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PIASECKI, GUY A
3221 SEA GRAPE DR.
SPRINGHILL, FL 34607 US
PIASECKI, GUY A
6332 SW. BANKS ST.
PALM CITY, FL 34990 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: GUY A. PIASECKI 11/01/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 PIASECKI, MATTHIAS L

 Address:
 6332 SW. BANKS ST.

 City-St-Zip:
 PALM CITY, FL 34990

Title: VP

 Name:
 PIASECKI, ALEX A

 Address:
 6332 SW. BANKS ST.

 City-St-Zip:
 PALM CITY, FL 34990

Title: S

Name: PIASECKI, MAX J Address: 6332 SW. BANKS ST. City-St-Zip: PALM CITY, FL 34990

Title: 7

 Name:
 PIASECKI, GUY A

 Address:
 6332 SW. BANKS ST.

 City-St-Zip:
 PALM CITY, FL 34990

Title: CEO

Name: PIASECKI, SHERRY L Address: 6332 SW. BANKS ST. City-St-Zip: PALM CITY, FL 34990

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: GUY A. PIASECKI T 11/01/2011