

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000090905

FILED
Feb 11, 2013
Secretary of State

Entity Name: MMA HEALTHCARE SERVICES, INC

Current Principal Place of Business:

6332 SW. BANKS ST.
PALM CITY, FL 34990

New Principal Place of Business:

8075 SE. GOVERNORS WAY
HOBE SOUND, FL 33455

Current Mailing Address:

6332 SW. BANKS ST.
PALM CITY, FL 34990

New Mailing Address:

8075 SE. GOVERNORS WAY
HOBE SOUND, FL 33455

FEI Number: 27-3934149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIASECKI, GUY A
6332 SW. BANKS ST.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

PIASECKI, GUY A
8075 SE. GOVERNORS WAY
HOBE SOUND, FL 33455 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

02/11/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PIASECKI, MATTHIAS L
Address: 8075 SE. GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VP
Name: PIASECKI, SHERRY L
Address: 8075 SE. GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: S
Name: PIASECKI, MAX J
Address: 8075 SE. GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: T
Name: PIASECKI, GUY A
Address: 8075 SE. GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: CEO
Name: PIASECKI, SHERRY L
Address: 8075 SE GOVERNORS WAY
City-St-Zip: HOBE SOUND, FL 33455

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

02/11/2013

Electronic Signature of Signing Officer or Director

Date