## 2012 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P11000007949

Entity Name: HEALTHQUEST, INC.

FILED Nov 01, 2012 Secretary of State

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

123 NW 13 STREET #2147 100 VILLAGE SQUARE CROSSING BOCA RATON, FL 33432

SUITE 100B

PALM BEACH GARDENS, FL 33410

**Current Mailing Address: New Mailing Address:** 

123 NW 13 STREET #2147 100 VILLAGE SQUARE CROSSING BOCA RATON, FL 33432

SUITE 100B

PALM BEACH GARDENS, FL 33410

FEI Number: 32-0331137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

JARAMILLO, RUTH JARAMILLO, RUTH

14234 SW 154TH PL 100 VILLAGÉ SQUARE CROSSING

MIAMI, FL 33196 PALM BEACH GARDENS, FL 33410 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: RUTH JARAMILLO 11/01/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: JARAMILLO, RUTH

100 VILLAGE SQUARE CROSSING SUITE B Address: City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VΡ

Name: JARAMILLO, RUTH

100 VILLAGE SQUARE CROSSING SUITE B Address: PALM BEACH GARDENS, FL 33410 City-St-Zip:

Title:

JARAMILLO, RUTH Name:

100 VILLAGE SQUARE CROSSING SUITE B Address: City-St-Zip: PALM BEACH GARDENS, FL 33410

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: RUTH JARAMILLO **PVPS** 11/01/2012