

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000078687

FILED
Jan 23, 2013
Secretary of State

Entity Name: HEALTHCARE SERVICES OF DELAND INC.

Current Principal Place of Business:

499 STATE ROAD 434 N
SUITE 2045
ALTAMONTE SPRINGS, FL 32716 US

Current Mailing Address:

499 STATE ROAD 434 N
SUITE 2045
ALTAMONTE SPRINGS, FL 32716 US

New Principal Place of Business:

499 STATE ROAD 434 N
SUITE 2125
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

499 STATE ROAD 434 N
SUITE 2125
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 45-3124227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENENBOCK, DAVID
499 STATE ROAD 434 N
SUITE 2045
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

FENENBOCK, DAVID
499 STATE ROAD 434 N
SUITE 2125
ALTAMONTE SPRINGS, FL 32714 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: DAVID FENENBOCK

01/23/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: FENENBOCK, DAVID
Address: 499 STATE ROAD 434 N SUITE 2125
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: DAVID FENENBOCK

CEO

01/23/2013

Electronic Signature of Signing Officer or Director

Date