

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000105517

**FILED**  
**Nov 18, 2014**  
**Secretary of State**

**Entity Name:** SIMPLY BETTER HEALTHCARE, INC.

**Current Principal Place of Business:**

1701 PONCE DE LEON BLVD., STE 300  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1701 PONCE DE LEON BLVD., STE 300  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 46-0590340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** CORPORATE CREATIONS NETWORK, INC.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CABRERA, MARCIO  
**Address:** 1701 PONCE DE LEON BLVD., STE 300  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** S  
**Name:** PRINCE, HOLLY  
**Address:** 1701 PONCE DE LEON BLVD., STE 300  
**City-St-Zip:** CORAL GABLES, FL 33134 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:** MARCIO CABRERA

D

11/18/2014

Electronic Signature of Signing Officer or Director

Date