

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000049065

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** S. & M., CENTER FOR HEALTH, INC.

**Current Principal Place of Business:**

500 N.E. 5TH AVENUE  
SUITE 5  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

500 N.E. 5TH AVENUE  
SUITE 5  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 65-0423904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCARLETT, EDWARD M  
500 N.E. 5TH AVENUE  
SUITE 5  
DELRAY BEACH, FL 33483 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:** EDWARD M. SCARLETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SCARLETT, EDWARD M  
**Address:** 500 N.E. 5TH AVENUE, SUITE 5  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** V  
**Name:** MULLOY, LAURA L  
**Address:** 500 N.E. 5TH AVENUE, SUITE 5  
**City-St-Zip:** DELRAY BEACH, FL 33483

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:** EDWARD M. SCARLETT

DP

04/04/2011

Electronic Signature of Signing Officer or Director

Date