2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000042714

MIAMI, FL 33175 US

City-St-Zip:

Entity Name: COMPLETE HEALTH MANAGEMENT CORPORATION

FILED Nov 09, 2005 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 14331 SW 22ND STREET MIAMI, FL 33175 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 557846 MIAMI, FL 33255 FEI Number: 65-0592871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, LINETTE 14331 ŚW 22 STREET MIAMI, FL 33175 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: LINETTE LOPEZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PORTUGUES, ANTHONY Name: Name: 14331 SW 22ND STREET Address: Address: City-St-Zip: MIAMI, FL 33175 US City-St-Zip: () Delete Title: Title: () Change () Addition LOPEZ PORTUGES, LINETTE Name: Name: 14331 SW 22ND STREET Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINETTE LOPEZ VT 11/09/2005