

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000062920

FILED
Oct 19, 2004
Secretary of State

Entity Name: GET WELL PHARMACY & MEDICAL SERVICES, INC.

Current Principal Place of Business:

2962 NW 60TH STREET
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2962 NW 60TH STREET
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0683749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALL, CHAD
2962 NW 60TH STREET
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MCCALL, CHARLES
2962 NW 60TH STREET
FT. LAUDERDALE, FL 33309 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: CHARLES MCCALL

10/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: MCCALL, CHAD
Address: 240 SE SPANISH TRAIL
City-St-Zip: BOCA RATON, FL 33432

Title: C () Delete
Name: MCCALL, CHARLES W
Address: 2962 NW 60TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MCCALL, CHARLES W
Address: 2962 NW 60TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

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: CHARLES MCCALL

P

10/19/2004

Electronic Signature of Signing Officer or Director

Date