

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000093265

FILED
Aug 07, 2006
Secretary of State

Entity Name: MEDICAL AND HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

612 E COLONIAL DR
SUITE 350
ORLANDO, FL 32803 US

New Principal Place of Business:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431 US

Current Mailing Address:

612 E COLONIAL DR
SUITE 350
ORLANDO, FL 32803 US

New Mailing Address:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431 US

FEI Number: 59-3418253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 NO EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LEVINE, STEVEN
2061 NW 2ND AVE
207
BOCA RATON, FL 33431 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: STEVEN LEVINE

08/07/2006

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:

Title: DP () Delete
Name: ANGERT, AMY B
Address: 612 E COLONIAL DR SUITE 350
City-St-Zip: ORLANDO, FL 32803

Title: DVS () Delete
Name: CONTE, RONALD J
Address: 612 E COLONIAL DR SUITE 350
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEVINE, STEVEN
Address: 2061 NW 2ND AVENUE, #207
City-St-Zip: BOCA RATON, FL 33431

Title: DVS (X) Change () Addition
Name: CONTE, RONALD J
Address: 2061 NW 2ND AVENUE, #207
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN LEVINE

DP

08/07/2006

Electronic Signature of Signing Officer or Director

Date