

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000097626

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** FIDELITY HEALTH GROUP CORP.

**Current Principal Place of Business:**

1570 S.W. 13TH DRIVE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

5300 W. ATLANTIC AVE  
SUITE 404  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

1570 S.W. 13TH DRIVE  
BOCA RATON, FL 33486

**New Mailing Address:**

P.O. BOX 3465  
WEST PALM BEACH, FL 33402

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETITHOMME, YVES N  
1570 S.W. 13TH DRIVE  
BOCA RATON, FL 33486 US

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

PETITHOMME II, YVENY N  
5300 W. ATLANTIC AVE.  
SUITE 404  
DELRAY BEACH, FL 33484 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: YVENY PETITHOMME

03/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: PETITHOMME II, YVENY N  
Address: 5300 W. ATLANTIC AVE, SUITE 404  
City-St-Zip: DELRAY BEACH, FL 33484

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: YVENY PETITHOMME II

P

03/29/2012

Electronic Signature of Signing Officer or Director

Date