

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000009077

FILED  
Aug 29, 2007  
Secretary of State

Entity Name: HEALTHSCIENCE, INCORPORATED

## Current Principal Place of Business:

4630 WOODLAND CORPORATE BLVD  
AETNA-TAMPA/WOODLAND CORPORATE CENTER  
TAMPA, FL 33614

## New Principal Place of Business:

31032 VERONO DRIVE  
DELAND, FL 32720 US

## Current Mailing Address:

% RUTH TYBER, RN  
14505 NETTLE CREEK RD  
TAMPA, FL 33624

## New Mailing Address:

31032 VERONO DRIVE  
DELAND, FL 32720

FEI Number: 59-3493248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAFORD, PAUL  
% RUTH TYBER, RNE  
14505 NETTLE CREEK RD  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

NATALIE, CRAWFORD  
31032 VERONO DRIVE  
DELAND, FL 32720 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: NATALIE CRAWFORD

08/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAFORD, LINDA  
Address: 11262 CONIFER MOUNTAIN RD  
City-St-Zip: CONIFER, CO 80433

Title: D ( ) Delete  
Name: RAFORD, PAUL  
Address: PO BOX 1252  
City-St-Zip: CONIFER, CO 80433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAFORD, LINDA  
Address: 1839 DENVER WEST DR  
City-St-Zip: GOLDEN, CO 80401

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL RAFORD

PRES

08/29/2007

Electronic Signature of Signing Officer or Director

Date