2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000015173

1. Entity Name
INNOVATIVE HEALTH CARE MANAGEMENT SERVICES, INC.

SEC... DIVISI...

06 OCT -5 PM 4:09

REINSTATEMENT 06

Principal Place of Business	Mailing Address
1721 INDEPENDENCE BLVD STE A3 SARASOTA, FL 34234 US	1721 INDEPENDENCE BLVD STE A3 SARASOTA, FL 34234 US

09262006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
2009 Apalachee Pkwy	2009 Apalachee Pkwy
Suite, Apt. #, etc.: #106	Suite, Apt. #, etc.: #106
City & State: Tallahassee Florida	City & State: Tallahassee FL 32301
Zip: 32301 Country: USA	Zip: 32301 Country: USA

4. FEI Number: 65-0833524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, ALFRED W
215 E. 5TH AVENUE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 9/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARVEY, DEWAYNE K 1721 INDEPENDENCE BLVD STE A3 SARASOTA, FL 34234	☐ Delete	D Harvey, DeWayne K. 286 Carterwood Drive Tallahassee, FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARVEY, DONNA 1721 INDEPENDENCE BLVD STE A3 SARASOTA, FL 34234	☐ Delete	D Harvey, Donna 286 Carterwood Drive Tallahassee, FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900080492739 10/05/06--01025--017 **759.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DeWayne Harvey 10/3/06 (850) 456-8934

SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR Date Daytime Phone #