2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015173

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

12122007 REIN-P CR2E098 (1/07)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2333 Hansen Lane	2333 Hansen Lane
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4
City & State Tallahassee, Fl	City & State Tallahassee, Fl
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
2214 DEMERON RD
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: DeWayne K. Harvey

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

3246 Hemingway Blvd

City: Tallahassee FL Zip Code: 32310

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: DeWayne K. Harvey, CEO 12/12/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HARVEY, DEWAYNE K 286 CARTERWOOD DRIVE TALLAHASSEE, FL 32305	☐ Delete	CEO DeWayne K. Harvey 3246 Hemingway Blvd Tallahassee, Fl 32310	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HARVEY, DONNA 286 CARTERWOOD DRIVE TALLHASSEE, FL 32305	☐ Delete	Donna Harvey 3246 Hemingway Blvd Tallahassee, Fl 32310	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	400113218624 12/18/07--01022--002 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT 12-07	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	RCH	☐ Delete		☐ Change ☐ Addition
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 K. Harvey DeWayne Harvey 12/12/07 (850) 8561934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #