

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000027240

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** HEREDIA HEALTH CLINIC, INC.

**Current Principal Place of Business:**

910 N. PINE HILLS RD.  
ORLANDO, FL 32808

**New Principal Place of Business:**

2467 E. SEMORAN BLVD  
APOPKA, FL 32703 US

**Current Mailing Address:**

910 N. PINE HILLS RD.  
ORLANDO, FL 32808

**New Mailing Address:**

PO BOX 2358  
WINDERMERE, FL 34786 US

**FEI Number:** 59-3503654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEREDIA, J. REINALDO  
910 N. PINE HILLS RD.  
ORLANDO, FL 32808 US

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

HEREDIA, J. REINALDO  
9130 BAY DIDE CT  
ORLANDO, FL 32819 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: J. REINALDO HEREDIA

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HEREDIA, J. REINALDO  
Address: 9130 BAY SIDE CT.  
City-St-Zip: ORLANDO, FL 32819

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: J. REINALDO HEREDIA

P

01/07/2011

Electronic Signature of Signing Officer or Director

Date