

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000042675

Entity Name: SCENIC HEALTH ALLIANCE, INC.

FILED  
Oct 21, 2009  
Secretary of State

## Current Principal Place of Business:

4711 SCENIC HWY  
PENSACOLA, FL 32504

## New Principal Place of Business:

## Current Mailing Address:

1514 NORTH 9TH AVENUE  
PENSACOLA, FL 32503

## New Mailing Address:

4711 SCENIC HWY  
PENSACOLA, FL 32504

FEI Number: 59-3572042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGRATH, CHARLES DR  
4711 SCENIC HWY  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

MCGRATH, CHARLES P DR  
4711 SCENIC HWY  
PENSACOLA, FL 32504 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: DR. CHARLES P. MCGRATH

10/21/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete  
Name: BATES, BENJAMIN F PH.D.  
Address: 1514 NORTH 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: P ( ) Delete  
Name: MCGRATH, CHARLES P DR.  
Address: 4711 SCENIC HWY  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: MINSHEW, LISA S ESQUIRE  
Address: 4711 SCENIC HWY  
City-St-Zip: PENSACOLA, FL 32504

Title: DVP (X) Delete  
Name: STERN, JASON E DR.  
Address: 4711 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32504

Title: T (X) Delete  
Name: POLK, PHILLIP A  
Address: 1514 NORTH 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition  
Name: BATES, BENJAMIN F PH.D.  
Address: 4711 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32504

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

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

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

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: BENJAMIN F. BATES, PH.D.

VPS

10/21/2009

Electronic Signature of Signing Officer or Director

Date