2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2005
Secretary of State

DOCUMENT# V73357

Entity Name: WINGS HEALTH CARE SOLUTIONS, INC.

Current Principal Place of Business:

1150 E. PLANT STREET
SUITE C
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

1150 E. PLANT STREET
SUITE C
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3148745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JELSEMA, C. BEN
1150 E. PLANT ST SUITE C
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

JELSEMA, C. BEN
1150 E. PLANT ST
SUITE C
WINTER GARDEN, FL 34787 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: C. BEN JELSEMA 10/20/2005
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: P ( ) Delete
Name: JELSEMA, CHARLES B.,
Address: 1150 E. PLANT STE C
City-St-Zip: WINTER GARDEN, FL

Title: SC ( ) Delete
Name: JELSEMA, FAITH
Address: 1150 E. PLANT STE C
City-St-Zip: WINTER GARDEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JELSEMA, CHARLES B.,
Address: 1150 E. PLANT STE C
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SC (X) Change ( ) Addition
Name: JELSEMA, FAITH
Address: 1150 E. PLANT STE C
City-St-Zip: WINTER GARDEN, FL 34787 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: C. BEN JELSEMA P 10/20/2005
Electronic Signature of Signing Officer or Director Date