# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M24786

1. Entity Name
STRATEGIC HEALTH DEVELOPMENT CORPORATION

FILED
08 DEC -1 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 9501 NE 2ND AVENUE<br>MIAMI SHORES, FL 33138 | 9501 NE 2ND AVENUE<br>MIAMI SHORES, FL 33138 |

REINSTATEMENT

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2626367 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MILLER, JAMES M<br>ONE SE 3RD AVE<br>MIAMI, FL 33131 | Name: Robert Lehman<br>Street Address (P.O. Box Number is Not Acceptable): 16660 A1A<br>Suite 211<br>City: Jupiter FL Zip Code: 33477 |

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: Robert R Lehman 11/25/08
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $750.00**
**After January 1, 2009, 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 | ST<br>GROBE, RANDALL<br>5413 TONYAWATHA TRAIL<br>MONONA, WI 53716 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>00013832670012/01/08--01040--023 **750.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>WALLBANK, NIGEL<br>811 FARWELL DRIVE<br>MADISON, WI 53704 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>Wallbank, Nigel<br>80 Bayshore Dr.<br>Miami, FL 33133<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** Nigel Wallbank 11/25/08 305-364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #