

FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 22 AM 10:40

DOCUMENT # P01000019734
1. Corporation Name

Palm Beach Health Resources, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 02/22/2001
3a. Date of Last Report

2. Principal Place of Business
21 849 Harbour Isles Place
2a. Mailing Address
26 849 Harbour Isles Place

4. FEI Number 65-1077191
Applied For Not Applicable

Suite, Apt. #, etc.
22
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 North Palm Beach FL
28 North Palm Beach FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip County
24 33410 25 Palm Beach
29 33410 30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Corporate Creations Network Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Angela E. Howard A.E. Howard 9/21/2005
Signature (Typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM G BURRIG JR 849 Harbour Isles Place North Palm Beach, FL 33410	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060086314 09/29/05--01059--016 **608.75
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE A.E. Howard WILLIAM G BURRIG JR by A.E. Howard as attorney-in-fact 9/21/2005 (305) 672-0686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Palm Beach Health Resources, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$1200 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Angela E. Howard
by A.E. Howard as attorney-in-fact

Name: WILLIAM G BURRIG JR

Title: President

Date: 9/21/2005