


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 287763</b> 1. Entity Name <b>MEDICAL ARTS CENTER INC</b>	
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FILED

05 NOV -3 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>C/O JACOB REAL ESTATE SERVICE INC 1200 W PLATT ST STE 204 TAMPA, FL 33606</b>	Mailing Address <b>C/O JACOB REAL ESTATE SERVICE INC PO BOX 14400 TAMPA, FL 33690</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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11022005 REIN-P CR2E098 (6/04)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>59-1195678</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>JACOB REAL ESTATE SERVICES, INC. C/O JAMES C. JACOB 1200 WEST PLATT STREET, STE. 204 TAMPA, FL 33606</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		Delete <input type="checkbox"/>
TITLE	C	
NAME	DOMINGUEZ, JOSE JR MD	
STREET ADDRESS	6345 MADACA LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	T	
NAME	VALER, MARK DR.	
STREET ADDRESS	3003 DR. MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VP	
NAME	HAEDICKE, GEORGE MD	
STREET ADDRESS	4600 N HABANA AVENUE #22	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	
NAME	DOMINGUEZ, JOSE SR MD	
STREET ADDRESS	4600 N HABANA AVE, #20	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	
NAME	GRAVER, LEOPOLDO DR.	
STREET ADDRESS	4600 N. HABANA #29	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE	900061143689		
NAME	11/03/05--01052--007 *#150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	REINSTATEMENT		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T. Roberts		
NAME	NOV 04 2005		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I 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 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: *Jose Dominguez* 11-2-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #