


**2007 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

07 OCT -5 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000012243					
1. Entity Name LTC ASSOCIATION OF MIAMI-DADE COUNTY, INC.					
Principal Place of Business 700 SW 8TH STREET MIAMI, FL 33130		Mailing Address 700 SW 8TH STREET MIAMI, FL 33130			
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	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name: <u>Nanette O'Donnell</u> Street Address (P.O. Box Number is Not Acceptable): <u>200 S Biscayne Blvd #3400</u> <u>c/o Duane Morris</u> City: <u>Miami</u> FL Zip Code: <u>33133</u>		
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: <u>Nanette O'Donnell</u>			DATE: <u>9/28/07</u>		
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>PIO Ramon Perez-Dorrbecker</u>		
STREET ADDRESS		STREET ADDRESS	<u>700 SW 8th Street</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>Miami, FL 33130</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>V/S/T Rafael Iglesias</u>		
STREET ADDRESS		STREET ADDRESS	<u>700 SW 8th Street</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>Miami, FL 33130</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 of 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 617, 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: <u>Ramon Perez-Dorrbecker</u>			DATE: <u>9/28/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

