

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 1:59

REINSTATEMENT 05



11282005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000123876 1. Entity Name ATLANTIC MEDICAL OFFICE, CORP.	
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Principal Place of Business 175 FONTAINEBLEAU BLVD STE 1 G-5 MIAMI, FL 33172-4598	Mailing Address 175 FONTAINEBLEAU BLVD STE 1 G-5 MIAMI, FL 33172-4598
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 70-1556-459	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OROZCO, PABLO A 401 NW 72 AVE APT 304 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIDAL, XIOMARA M.D. 175 FONTAINEBLEAU BLVD.,STE. 1G-5 MIAMI, FL 33172		<input type="checkbox"/> Delete
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR