

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

08 NOV -5 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042008 REIN-P CR2E098 (1/07)

DOCUMENT # P04000156722			
1. Entity Name HYMA MEDICAL CENTER INC			
Principal Place of Business 3011 WEST FLAGLER ST MIAMI, FL 33135		Mailing Address 3011 WEST FLAGLER ST MIAMI, FL 33135	
2. Principal Place of Business - No P.O. Box # 6595 NW 36 ST Suite, Apt. #, etc. # 205-2		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Virginia Gardens FL		4. FEI Number 20-1933405	
Zip 33166		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABELO, ALEJANDRO 3011 WEST FLAGLER ST MIAMI, FL 33135		7. Name and Address of New Registered Agent Name NATIVIDAD VASQUEZ Street Address (P.O. Box Number is Not Acceptable) 6595 NW 36 ST # 205-2 City VIRGINIA GARDENS FL Zip Code 33166	
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: <i>Natividad Vasquez</i> DATE: 11-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 PD NAME RABELO, ALEJANDRO STREET ADDRESS 3011 WEST FLAGLER ST CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE P NAME NATIVIDAD VASQUEZ STREET ADDRESS 6595 NW 36 ST # 205-2 CITY-ST-ZIP VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Natividad Vasquez</i>		DATE: 11-4-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	