


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000139365 1. Entity Name HCA GROUP, INC.	
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FILED

2007 MAR -8 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2600 S DOUGLAS ROAD, PH-10 CORAL GABLES, FL 33134	Mailing Address 2600 S DOUGLAS ROAD, PH-10 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 9016 SW 169 AVE	3. Mailing Address 9016 SW 169 AVE	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-1262532
Zip 33196	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



03022007 REIN-P CR2E098 (1/07)

Applied For 65-1262532	Not Applicable
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6. Name and Address of Current Registered Agent LOPEZ, LAZARO J ESQ. 2600 S DOUGLAS ROAD, PH-10 CORAL GABLES, FL 33134	7. Name and Address of Now Registered Agent Name MARIA E CASTRO Street Address (P.O. Box Number is Not Acceptable) 9016 SW 169 AVE City MIAMI FL Zip Code 33196
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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: **03/02/2007**

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

FILE NOW!!! FEE IS \$300.00	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	
TITLE	D CASTRO, MARIA E <input checked="" type="checkbox"/> Delete
NAME	6745 SW 53 STREET
STREET ADDRESS	MIAMI, FL 33155
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CASTRO MARIA E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9016 SW 169 AVE
STREET ADDRESS	MIAMI FL 33196
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

B 3/12/07

REINSTATEMENT: 06-07

400093757484
03/20/07--01012--011 **300.00

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: *[Signature]* DATE: **03/02/2007** (305) 408-4054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Do Not Print