

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000044029

FILED
Mar 09, 2009
Secretary of State

Entity Name: CARIBBEAN MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

782 NW 42 AVE
SUITE 435
MIAMI, FL 33126

New Principal Place of Business:

575 CRANDON BLVD
PH 913
KEY BISCAYNE, FL 33149

Current Mailing Address:

782 NW 42 AVE
SUITE 435
MIAMI, FL 33126

New Mailing Address:

575 CRANDON BLVD
PH 913
KEY BISCAYNE, FL 33149

FEI Number: 20-8815653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBAR DIAZ, P.A.
782 NW 42 AVE
SUITE 435
MIAMI, FLORIDA, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: AMBAR DIAZ

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FEBLES, CATALINA
Address: 782 NW 42 AVE, SUITE 435
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FEBLES, CATALINA
Address: 575 CRANDON BLVD, PH 913
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATALINA FEBLES

PR

03/09/2009

Electronic Signature of Signing Officer or Director

Date