# 2011 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 19, 2011**
**Secretary of State**

DOCUMENT# P10000076167

**Entity Name:** DADELAND NORTH MEDICAL CENTER, INC

**Current Principal Place of Business:**

900 WEST 49TH STREET
SUITE 234
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

900 WEST 49TH STREET
SUITE 234
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number: 27-3492710** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERRERA, RAYXEL
900 WEST 49TH STREET
SUITE 234
HIALEAH, FL 33014 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: RAYXEL HERRERA

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: HERRERA, RAYXEL
Address: 900 WEST 49TH STREET # 234
City-St-Zip: HIALEAH, FL 33014

Title: VP
Name: GARCIA, JORGE
Address: 900 WEST 49TH STREET #234
City-St-Zip: HIALEAH, FL 33014

I hereby 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 all other like empowered.

SIGNATURE: JORGE GARCIA VP 10/19/2011

Electronic Signature of Signing Officer or Director — Date