PLEASE READ A	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	THE THE PERSON NAMED TO STATE OF THE PERSON N
DOCUMENT # P93000036	962	97 FEB 27 M 7: 38
1. Corporation Name Private Med	ical Center, Inc.	SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business 50 NW 51 Pla	Mailing Address	
Miami, Florida 33126		REINSTATEMENT 96-9
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc	Suite, Apt. #, etc.	May 21,1993
City & State	City & State	5. FEI Number 65-0411486 Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Title(s) 1	or Director (Florida nonprofit corporations must list at lea: Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
PRES. Hector M. Pena	5368 SW 90 CT	Miami,Fl 33165
		1000021033914 -03/04/9701037003 *****540.00 *****540.00
Name and Address of Current R	tegistered Agent	9. Name and Address of New Registered Agent
Hector M. Pena 3368 SW 90 CT Miami,Fl 33165	Name Street Address (P. Suite, Apt. #, Etc.	O. Box Number is Not Acceptable)
\bigcirc \bigcirc	City	State Zip Code
10. I, being appointed the register Alligent of the Ass Signature of Registered Agent	GISTERED AGENT MUST SIGN	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)		
this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my statement of the second sec	uton has been eliminated, the corporate name satisfies t	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees in exemption under section 119.07(3)(i), F.S. The information indicated toath. O2/24/97 (305)529-9190 Date Destrict Phone #