

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 JUL -3 PM 2:56

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002428

1. Corporation Name

PM Medical Center

**REINSTATEMENT** 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

3970 SW 67 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3970 SW 67 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

Dade

Zip

33155

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1999

5. FEI Number

65-0887271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pablo Zerguera

Street Address (P.O. Box Number is Not Acceptable)

3160 SW 139 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	<u>Pablo Zerguera</u>	<u>3970 SW 67 AVE</u>	<u>Miami, FL 33155</u>
DPS	<u>Irene E. Suarez</u>	<u>3970 SW 67 AVE</u>	<u>Miami, FL 33155</u>
	<u>[Signature]</u>		

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pablo Zerguera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-28-07 786 315 1804

Date

Daytime Phone #