2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000063776

Entity Name: MIAMI ENDOCENTER CORP.

FILED Dec 21, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7500 SW 87TH AVENUE SUITE 101 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

GELBER & COMPANY 11450 INTERCHANGE CIRCLE NORTH HOLLYWOOD, FL 33025

FEI Number: 65-0329755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 LEAVITT, JAMES M.D.
 LEAVITT, JAMES

 7500 SW 87TH AVENUE
 7500 SW 87TH AVENUE

 SUITE 101
 SUITE 101

 MIAMI, FL 33173 US
 MIAMI, FL 33173 US

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: JAMES LEAVITT 12/21/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: LEAVITT, JAMES M.D.

Address: 7500 SW 87TH AVENUE SUITE 101

City-St-Zip: MIAMI, FL 33173

Title: D

Name: HERNANDEZ, RICHARD M.D. Address: 7500 SW 87TH AVENUE SUITE 101

City-St-Zip: MIAMI, FL 33173

Title: D

Name: LEDERHANDLER, MARC M.D. Address: 7500 SW 87TH AVENUE SUITE 101

City-St-Zip: MIAMI, FL 33173

Title: [

Name: RAMS, HUGO M.D.

Address: 7500 SW 87TH AVENUE SUITE 101

City-St-Zip: MIAMI, FL 33173

Title:

Name: RUAN, EDUARDO M.D.

Address: 7500 SW 87TH AVENUE SUITE 101

City-St-Zip: MIAMI, FL 33173

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: JAMES LEAVITT PD 12/21/2010