2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15000010831

Entity Name: COAMED FOUNDATION INC

Current Principal Place of Business:

2761 RUYNON CIRCLE ORLANDO. FL 32837

Current Mailing Address:

15502 STONEYBROOK WEST PKWY. SUITE 104 PMB 229 WINTER GARDEN. FL 34787

FEI Number: 81-0696306 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORLANDO FL 32837

LOZANO, HECTOR F DR. 2761 RUYNON CIRCLE ORLANDO, FL 32837 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: HECTOR LOZANO 10/18/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name PEREZ, ANDRES DR. Name LOZANO, HECTOR F DR.

Address 2761 RUYNON CIRCLE Address 15502 STONEYBROOK WEST PKWY.

SUITE 104 PMB 229

City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR

City-State-Zip:

Name RAMIREZ, MARCELA DR.

Address 15502 STONEYBROOK WEST PKWY.

SUITE 104 PMB 229 Address 2761 RUYNON CIRCLE

City-State-Zip: WINTER GARDEN FL 34787 City-State-Zip: ORLANDO FL 32837

Title DIRECTOR Title DIRECTOR

Name CARDENAS, JOHAN Name ALEXANDER, GREGOR

Address 945 S ORANGE AVE Address 83 W MILLER STREET

City-State-Zip: ORLANDO FL 32806

ALEXANDER CENTER FOR NEONATAL CARE

S, it.

City-State-Zip: ORLANDO FL 32806

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HECTOR LOZANO DIRECTOR 10/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

FILED Oct 18, 2016

Secretary of State

CR7046262402