

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J90489

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** 167TH STREET MEDICAL CENTER, INC.

**Current Principal Place of Business:**

909 N. MIAMI BEACH BLVD  
SUITE 101  
N MIAMI, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

909 N. MIAMI BEACH BLVD  
SUITE 101  
N MIAMI, FL 33162 US

**New Mailing Address:**

**FEI Number:** 65-0006032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENJAMIN, DR Y  
18671 COLLINS AVE  
APT 902  
N MIAMI BCH, FL 33160 US

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

BENJAMIN, YUKHANAN  
18671 COLLINS AVE  
APT 902  
N MIAMI BCH, FL 33160 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: DR. YUKHANAN BENJAMIN

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENJAMIN, YUKHANAN  
Address: 18671 COLLINS AVE, # 902  
City-St-Zip: MIAMI BEACH, FL 33160 US

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: YUKHANAN BENJAMIN

P

02/15/2011

Electronic Signature of Signing Officer or Director

Date