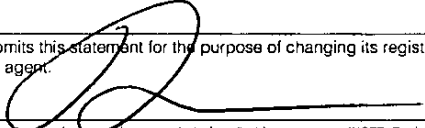
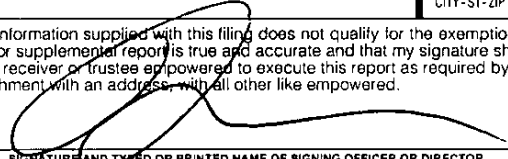


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K11326 1. Entity Name FLOR MAYORAL VEGA, M.D., P.A.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 31 AM 10:13	
Principal Place of Business 7300 SW 62ND PLACE PENTHOUSE W SOUTH MIAMI, FL 33143				Mailing Address 7300 SW 62ND PLACE PENTHOUSE W SOUTH MIAMI, FL 33143			
2. Principal Place of Business <i>Same As Above</i>				3. Mailing Address <i>Same As Above</i>			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State 				City & State 			
Zip 		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent MAYORAL, FLOR M 7300 SW 62ND PLACE PENTHOUSE W SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <u>10/25/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D ☐ Delete NAME: MAYORAL, FLOR M STREET ADDRESS: 7300 SW 62ND PLACE PENTHOUSE W CITY-ST-ZIP: SOUTH MIAMI, FL 33143				TITLE: 400081352004 ☐ Change ☐ Addition NAME: 10/31/06--01013--016 **158.75 STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date: <u>10/25/06</u> Daytime Phone #			