APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 9/6/97

FILED
97 JAN 27 PM 12:0[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85026

1. Corporation Name
HEALTH CAREUNO MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
5755 W. FLAGLER ST. #207 MIAMI FL 33144-3448	5755 W. FLAGLER ST. #207 MIAMI FL 33144-3448

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 06/27/90

5. FEI Number 65-0205882 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($8.75 Additional Fee required for a Certificate of Status)

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	PILAR F. TRUEBA	6415 SW 129 PLACE #2407	MIAMI FL 33183
			300002070593--2 -01/28/97--01112--007 *****8.75 *****8.75
			300002070593--2 -01/28/97--01112--008 ****915.00 ***** 915.00

8. Name and Address of Current Registered Agent

PILAR F. TRUEBA, M.D.
6415 SW 129 PL #2407
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name PILAR F. TRUEBA, M.D.
Street Address (P.O. Box Number is Not Acceptable) 5755 W. FLAGLER
Suite, Apt. #, Etc. #207
City MIAMI State FL Zip Code 33144-3448

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent PILAR F. TRUEBA M.D. Date 01/23/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: PILAR F. TRUEBA M.D. 01/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #