

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 DEC 12 3:37
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # M09202 1. Entity Name LEGION PARK MEDICAL CENTER, INC.					
Principal Place of Business 6630 BISCAYNE BLVD MIAMI, FL 33168			Mailing Address 6630 BISCAYNE BLVD MIAMI, FL 33168		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2482089	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IKPE, NSIDIBE DR. 6630 BISCAYNE BLVD. MIAMI, FL 33138			7. Name and Address of New Registered Agent Name IKPE, HELEN Street Address (P.O. Box Number is Not Acceptable) 6630 BISCAYNE BLVD. City MIAMI FL Zip Code 33168		
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 HELEN IKPE <i>Helen Ikpe</i> 12/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	P IKPE, NSIDIBE DR. 10024 SW 127 CT. MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IKPE, HELEN MS. 10024 SW 127 CT. MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IKPE, HELEN MS. 10024 SW 127 CT. MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IKPE, HELEN MS. 10024 SW 127 CT. MIAMI, FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IKPE, HELEN MS. 10024 SW 127 CT. MIAMI, FL	<input type="checkbox"/> Delete			
<div style="text-align: center;"> REINSTATEMENT 28 12/12/05--01041--005 **150.00 </div>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Helen Ikpe</i> HELEN IKPE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12/7/05 <small>Daytime Phone #</small>		