## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N00000000749 06 JAN 23 AM 9: 24 PALMETTO MEDICAL STAFF FUND, INC. Principal Place of Business Mailing Address 2001 W. 68TH STREET MEDICAL STAFF OFFICE 2001 W 68TH STREET HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 REIN-NP CR2E099 (11/05) City & State City & State 4. FEI Numbe Applied For 65-0974734 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISH, P.A, MICHAEL K 7700 N. KENDALL DRIVE, SUITE 502 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33156 City 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 SIGNATURE (NOTE; Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. DP <del>Q</del>Q TITLE 🔀 Delete TITLE Change : ☐ Addition GAMEZ, MD JOSE NAME TANO, MD, ALBERT R NAME 2001 W. 684 ST. 2001 W. 68 STREET STREET ADDRESS STREET ADDRESS 3301G CITY - ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIE HIALEAH, FL DVP DVP X Defete TITLE **Change** ■ Addition TITLE DR. JOSE BECERRA GONZALEZ, MD, MARIO S NAME NAME 2001 W. 68% ST. 2001 W. 68TH STREET STREET ADDRESS STREET ADDRESS HIALBAH, FL 33016 CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-7IP DS Addition TITI F Change Change TITLE ■ Delete DE FREDERICK C. LANGET NAME GAMEZ, MD, JOSE NAME 2001 W. 68 ST. STREET ADDRESS 2001 W. 68TH STREET STREET ADDRESS HIALBAH. FL 33016 HIALEAH, FL 33016 CITY-ST-ZIP CITY+ST-ZIP 400065187874 02/06/06--01004--022 \*\*12 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP REINSTATE CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**EREPERIGIES** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

C. LANCET MD.

11/24,2

305-364-2145

Daytime Phone #

FILED