

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003602

FILED
Sep 30, 2005
Secretary of State

Entity Name: FUNDACION DE INFORMATICA MEDICA, INC.

Current Principal Place of Business:

9 ISLAND AVENUE,
APT. 609
MIAMI BEACH, FL 33139

New Principal Place of Business:

9 ISLAND AVENUE,
APT 1711
MIAMI BEACH, FL 33139

Current Mailing Address:

1111 BRICKELL BAY DRIVE
SUITE 2703
MIAMI, FL 33131

New Mailing Address:

9 ISLAND AVE
APT 1711
MIAMI BEACH, FL 33139

FEI Number: 01-0687543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVERI, NORA
1111 BRICKELL BAY DRIVE
SUITE 2703
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

OLIVERI, NORA
9 ISLAND AVE
APT 1711
MIAMI BEACH, FL 33139 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: NORA OLIVERI

09/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: OLIVERI, NORA DR
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: RODRIGUES, ROBERTO DR
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD () Delete
Name: KOT, RUBEN
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: SANDOR, TOMAS ENG
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: FABA BEAUMONT, GLADYS DR
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MARTINI, CARLOS MD, MPH
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: OLIVERI, NORA DR
Address: 9 ISLAND AVENUE, APT 1711
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change () Addition
Name: RODRIGUES, ROBERTO DR
Address: 9 ISLAND AVENUE, APT 1711
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD (X) Change () Addition
Name: KOT, RUBEN
Address: 9 ISLAND AVENUE, APT 1711
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: SANDOR, TOMAS ENG
Address: AV LIBERTADOR 5674 PISO 5 DPTO A
City-St-Zip: BUENOS AIRES, BA 1428 AR

Title: D (X) Change () Addition
Name: FABA BEAUMONT, GLADYS DR
Address: AV UNIVERSIDAD NO. 655
City-St-Zip: COL. SANTA MARÍA AHUACATITLÁ, MO 14000 MX

Title: D (X) Change () Addition
Name: MARTINI, CARLOS MD, MPH
Address: 4009 PINTA COURT
City-St-Zip: MIAMI BEACH, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA OLIVERI

PDT

09/30/2005

Electronic Signature of Signing Officer or Director

Date