# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 22, 2006**
**Secretary of State**

DOCUMENT# N03000005388

**Entity Name:** NANAY HEALTH CENTER, INC.

**Current Principal Place of Business:**

12340 NE 6TH COURT
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

659 NE 125 STREET
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number: 20-0054389** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUCE, JOCELYN H M.D.
659 NE 125 STREET
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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: JOCELYN H. BRUCE M.D.
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BRUCE, JOCELYN H M.D.
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete
Name: TRINIDAD, BENNIE
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: S ( ) Delete
Name: WINNETT, NIDA
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: T ( ) Delete
Name: KRANZEL, HELEN
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: M (X) Change ( ) Addition
Name: BRUCE, JOCELYN H M.D.
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOCELYN H. BRUCE M.D. MS. 11/22/2006
Electronic Signature of Signing Officer or Director — Date