

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 APR - 1 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03212008 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # N03000005477</b> 1. Entity Name <b>DOS HEALTH SERVICES, INC.</b>					
Principal Place of Business 300 71ST ST. MIAMI BCH, FL 33141			Mailing Address 300 71ST ST. MIAMI BCH, FL 33141		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0059297</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MIAMI CENTER REGISTERED AGENTS, LLC</b> <b>201 S. BISCAYNE BLVD., SUITE 1700</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Michael J. Schlesinger, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>799 Brickell Plaza, Suite 700</b> City <b>Miami,</b> FL <b>33131</b>		
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		<b>Michael J. Schlesinger, Esq.</b>		<b>3/25/2008</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small> <b>Michael J. Schlesinger</b>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>			<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HERNANDO, JORGE A</b> <b>300 71ST ST.</b> <b>MIAMI BCH, FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Hernando, Jorge R.</b> <b>300 71st Street, Suite 410</b> <b>MIAMI BEACH, FL 33141</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HERNANDO, EDUARDO R</b> <b>300 71ST ST.</b> <b>MIAMI BCH, FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100121778521</b> <b>04/01/08--01016--027 **297.50</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANTONACCI, NICOLAS C</b> <b>300 71ST ST.</b> <b>MIAMI BCH, FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 07-08<sup>KS</sup></b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANDRADE, CARLOS</b> <b>300 71ST ST.</b> <b>MIAMI BCH, FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RUSTAN, PETER</b> <b>300 71ST ST.</b> <b>MIAMI BCH, FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		<b>3/27/08</b>		<b>3058681830</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	