

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005839

FILED  
Nov 17, 2005  
Secretary of State

**Entity Name:** MERCY MEDICAL MISSIONS OF PALM BEACH, INC.

**Current Principal Place of Business:**

7897 JACK JAMES DRIVE STE C  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

7897 JACK JAMES DRIVE STE C  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 13-4256772      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD STE A210  
VERO BEACH, FL 32960 US

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

MARTIN, HOPEK J  
1927 NE SAN CARLOS CALLE  
JENSEN BEACH, FL 34957 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: MARTIN HOPEK

11/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOPEK, MARTIN J  
Address: 1927 NE SAN CARLOS CALLE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: SMITH, LAWRENCE  
Address: 1120 FAIRVIEW LANE  
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D ( ) Delete  
Name: MELVIN, WILLIAM  
Address: 1120 FAIRVIEW LANE  
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D ( ) Delete  
Name: BODE, MARK AM W  
Address: 224 DATURA STREET STE 1218  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: BERRIOS, ALEX  
Address: 6134 NW GAYLORD TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34986

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

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

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

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 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: MARTIN J HOPEK

DIR

11/17/2005

Electronic Signature of Signing Officer or Director

Date