2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N04000011854

Entity Name: COMMUNITY MEDICAL CONCEPTS, INC.

Current Principal Place of Business:

3520 SW 97 AVENUE
BLDG. 2, SECOND FLOOR
MIAMI, FL 33165

New Principal Place of Business:

7323 SW 134 PL
MIAMI, FL 33183

Current Mailing Address:

3520 SW 97 AVENUE
BLDG. 2, SECOND FLOOR
MIAMI, FL 33164

New Mailing Address:

7323 SW 134 PL
MIAMI, FL 33183

FEI Number: 20-2187684 **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:

ESTEVEZ, ANDRE
7323 SW 134 PL
MIAMI, FL 33183 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: ANDRE ESTEVEZ
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESTEVEZ, ANDRE
Address: 7323 SW 134 PL
City-St-Zip: MIAMI, FL 33183

Title: VP ( ) Delete
Name: ESTEVEZ, WILMA
Address: 7323 SW 134 PLACE
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: MONTALVAN, YVONNE
Address: 5025 NW 196 TERRACE
City-St-Zip: MIAMI, FL 33055

Title: ST (X) Delete
Name: EMMANUELLI, MILDRED
Address: 1417 KEMPTON CHASE PARKWAY
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ESTEVEZ, ANDRE
Address: 7323 SW 134 PL
City-St-Zip: MIAMI, FL 33183

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

Title: ST (X) Change ( ) Addition
Name: EMMANUELLI, MILDRED
Address: 1417 KEMPTON CHASE PARKWAY
City-St-Zip: ORLANDO, FL 32837

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

I hereby certify that the information supplied with this filing does not qualify 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: ANDRE ESTEVEZ PD 03/31/2009
Electronic Signature of Signing Officer or Director — Date