

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003249

FILED
Apr 02, 2008
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1500 NW 12TH AVE
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

1500 NW 12TH AVE
MIAMI, FL 33136 US

New Mailing Address:

1691 MICHIGAN AVENUE
#500
MIAMI BEACH, FL 33139 US

FEI Number: 20-2601042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, CESAR
1500 NW 12TH AVE
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

MARYNELL, LUBINSKI A
1691 MICHIGAN AVENUE
#500
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: MARYNELL A LUBINSKI

04/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUBINSKI, MARYNELL
Address: 7154 N. UNIVERSITY DRIVE, #316
City-St-Zip: TAMARAC, FL 33321 US

Title: S () Delete
Name: FISHER, LISA
Address: 1500 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136 US

Title: VP () Delete
Name: BARNET, VIVIAN
Address: 1095 NW 14 TERRACE D4-6 RM: 2-05
City-St-Zip: MIAMI, FL 33136 US

Title: T () Delete
Name: RANDALL, CHARLOTTE
Address: 5503 S. CONGRESS AVE STE 206
City-St-Zip: ATLANTIS, FL 33462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUBINSKI, MARYNELL
Address: 10350 W. BAY HARBOR DRIVE, #PHS
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

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 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: MARYNELL A LUBINSKI

P

04/02/2008

Electronic Signature of Signing Officer or Director

Date