


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008683 1. Entity Name LATORRA-LARSEN MEDICAL FOUNDATION, INC.	
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FILED

06 NOV 13 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



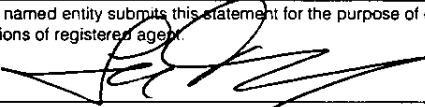
Principal Place of Business 2800 N. FLAGLER DRIVE STE 805 WEST PALM BEACH, FL 33407	Mailing Address 2800 N. FLAGLER DRIVE STE 805 WEST PALM BEACH, FL 33407
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10092006 REIN-NP	CR2E099 (11/05)	<i>06</i>
4. FEI Number 06-1754658	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name: ALBERT J. LATORRA Street Address (P.O. Box Number is Not Acceptable): 440 COLUMBIA DR. #500 City: WEST PALM BEACH FL Zip Code: 33409
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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.

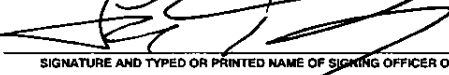
SIGNATURE:  DATE: **11/7/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATORRA, ALBERT J DR 2800 N. FLAGLER DRIVE STE 805 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080928662 10/17/06--01050--010 **236.25 <i>\$76/13</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, WILHELM C.J. DR 2800 N. FLAGLER DRIVE STE 805 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, ALEX DR 2800 N. FLAGLER DRIVE STE 805 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **10/30/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR