

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003767

FILED  
Aug 30, 2011  
Secretary of State

Entity Name: TEMPLO CLINICA DEL ALMA, INC.

**Current Principal Place of Business:**

36245 SR 52  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**  
POST OFFICE BOX 769  
DADE CITY, FL 33526 US

**New Mailing Address:**

FEI Number: 20-4639542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MADANI, SHEADA ESQUIRE  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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: SHEADA MADANI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, RAY S  
Address: P.O. BOX 769  
City-St-Zip: DADE CITY, FL 33526 US

Title: T  
Name: PEREZ, ALICIA M  
Address: P.O. BOX 769  
City-St-Zip: DADE CITY, FL 33526 US

Title: S  
Name: PEREZ, RONALD  
Address: P.O. BOX 769  
City-St-Zip: DADE CITY, FL 33526 US

I hereby 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 all other like empowered.

SIGNATURE: RONALD PEREZ

S

08/30/2011

Electronic Signature of Signing Officer or Director

Date