2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 11, 2010
Secretary of State

DOCUMENT# N07000007417

Entity Name: PHILIPPINE-AMERICAN PHYSICIANS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

360 WILSHIRE BLVD.
SUITE 121
CASSELBERRY, FL 32707 US

New Principal Place of Business:

9512 CASTLEFORD POINT
XXXXX
ORLANDO, FL 32836 US

Current Mailing Address:

360 WILSHIRE BLVD.
SUITE 121
CASSELBERRY, FL 32707 US

New Mailing Address:

9512 CASTLEFORD POINT
XXXXX
ORLANDO, FL 32836 US

FEI Number: 26-0605478 **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:

A.I.M. LAW GROUP, P.A.
360 WILSHIRE BLVD.
SUITE 121
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

RICH, ROSELA J MD
9512 CASTLEFORD POINT
XXXXX
ORLANDO, FL 32836 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: ROSELA RICH MD 03/11/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RICH, ROSELA J M.D.
Address: 9512 CASTLEFORD POINT
City-St-Zip: ORLANDO, FL 32836 US

Title: ELEC
Name: FLORES, DIONISIO C MD
Address: 2701 RED BAY COURT
City-St-Zip: KISSIMMEE, FL 34744 US

Title: SEC
Name: TAN, JOSEFINA R M.D.
Address: 1125 NORTH CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SEC
Name: FLORIDA, VICENTE C M.D.
Address: 3183 FINTERWALD DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: TREA
Name: TEMPLONUEVO, RAUL M M.D.
Address: 5749 NORMAN H. CUTSON DRIVE
City-St-Zip: ORLANDO, FL 32821 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: ROSELA RICH MD PRES 03/11/2010
Electronic Signature of Signing Officer or Director Date