

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000009820

FILED
Oct 18, 2012
Secretary of State

Entity Name: ADVANTAGE HEALTH PROVIDERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

AURELIO MITJANS, MD
777 E 25TH ST #109
HIALEAH, FL 33013

New Principal Place of Business:

CAP MANAGEMENT SYSTEMS, INC.
15821 VENTURA BLVD, #600
ENCINO, CA 91436

FEI Number: 61-1685594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITJANS, AURELIO MD
777 E 25TH ST #109
HIALEAH, FL 33013 US

New Mailing Address:

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: CHERYL CHAVEZ, CONTROLLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MITJANS, AURELIO MD
Address: 777 E 25TH ST #109
City-St-Zip: HIALEAH, FL 33013

Title: T
Name: BREZAULT, ALAN MD
Address: 1190 NW 95TH ST STE 405
City-St-Zip: MIAMI, FL 33150

Title: S
Name: MARTINEZ, EDUARDO MD
Address: 4051 E 8TH AVENUE #3
City-St-Zip: HIALEAH, FL 33013

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: CHERYL CHAVEZ, CONTROLLER

Electronic Signature of Signing Officer or Director

MRS.

10/18/2012

Date