

# **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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**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:** 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

MRS.

10/18/2012

Electronic Signature of Signing Officer or Director

Date