## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000018178

Entity Name: 24/7 TOTAL MEDICAL CARE, P.A.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	2ND STREET (E PINES, FL 33	3029	US			
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
	2ND STREET KE PINES, FL 30	3029	US			
FEI Number:	: 65-1035116	FEI Nu	mber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
17870 NW	A, CLAUDIA ' 2ND STREET KE PINES, FL 3(	3029	US			
	named entity su of Florida.	ıbmits t	this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE: CLAUDIA \					
	Electronic	Signa	ture of Registered Age	ent	Date	
	,	,,,,,	S., the corporation did no indicate the contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST () E VERGARA, CLAU 5431 S.W. 185 TI MIRAMAR, FL 33	ERRACE		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D () D PATINO, CARLOS 5431 S.W. 185 TI MIRAMAR, FL 33	ERRACE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA VERGARA P 04/21/2009