

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000079878

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** H & L MEDICAL CENTER INC.

**Current Principal Place of Business:**

2750 WEST 68 STREET  
STE. 224  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2750 WEST 68 STREET  
STE. 224  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 65-1034486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ, ROBERT  
2750 WEST 68 STREET  
STE 224  
HIALEAH, FL 33016 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:** ROBERT RUIZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RUIZ, ROBERT  
**Address:** 2750 WEST 68 STREET  
**City-St-Zip:** HIALEAH, FL 33016

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT RUIZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/05/2010

\_\_\_\_\_  
Date