2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 05, 2007
Secretary of State

DOCUMENT# P00000103720

Entity Name: FAMILY CARE MEDICAL GROUP, INC.

Current Principal Place of Business:

10244 EAST COLONIAL DRIVE STE #101
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10244 EAST COLONIAL DRIVE STE #101
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3680249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONZALEZ, LUIS A
809 IRMA AVE.
SUITE 1
ORLANDO, FL 32803 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: LUIS A. GONZALEZ

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEGRON, RAYMOND
Address: 10244 E. COLONIAL DR. SUITE 101
City-St-Zip: ORLANDO, FL 32817

Title: T (X) Delete
Name: NEGRON, CARMEN Z
Address: 10244 E. COLONIAL DR. SUITE 101
City-St-Zip: ORLANDO, FL 32817

Title: S (X) Delete
Name: NEGRON, EDNA M
Address: 10244 E. COLONIAL DR. SUITE 101
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAYMOND NEGRON PD 12/05/2007

Electronic Signature of Signing Officer or Director — Date