

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 10, 2005
Secretary of State**

DOCUMENT# P01000019454

Entity Name: BELIEF MEDICAL CENTER, INC.

Current Principal Place of Business:

4201 PALM AVE
SUITE 2B
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4201 PALM AVE
SUITE 2B
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1076823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIAS, ONAY
4201 PALM AVE
SUITE 2B
HIALEAH, FL 33012 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: ONAY ELIAS

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: ELIAS, ONAY
Address: 4201 PALM AVE., STE. 2B
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ONAY ELIAS

Electronic Signature of Signing Officer or Director

PD

11/10/2005

Date