

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000026315

FILED
Oct 09, 2006
Secretary of State

Entity Name: SANTA AMELIA MEDICAL CENTER, INC.

Current Principal Place of Business:

9290 SUNSET DRIVE
SUITE 102
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9290 SUNSET DRIVE
SUITE 102
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-1082332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GONZALEZ, MAYRA
8567 S.W. 25 STREET #105
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

GONZALEZ, MAYRA
9290 SUNSET DR
102
MIAMI, FL 33155 US

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: MAYRA GONZALEZ

10/09/2006

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: GONZALEZ, MAYRA
Address: 3231 SW 129 AVENUE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, MAYRA
Address: 9290 SUNSET DR SUITE 102
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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: MAYRA GONZALEZ

PD

10/09/2006

Electronic Signature of Signing Officer or Director

Date