2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 26, 2005
Secretary of State

DOCUMENT# P01000063863

Entity Name: R & P MEDICAL GROUP INC.

Current Principal Place of Business:

3970 S.W. 67TH AVE.
MIAMI, FL 33155

New Principal Place of Business:

3970 S.W. 67TH AVE.
MIAMI, FL 33155 US

Current Mailing Address:

3970 S.W. 67TH AVE.
MIAMI, FL 33155

New Mailing Address:

3970 S.W. 67TH AVE.
MIAMI, FL 33155 US

FEI Number: 90-0156070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZERQUEDA, PABLO
3031 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ZERQUERA, PABLO PS
3970 S.W. 67TH AVE.
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: PABLO ZERQUERA 09/26/2005
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: PS ( ) Delete
Name: ZERQUERA, PABLO
Address: 3970 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: P (X) Delete
Name: SIAM, ROBERTO
Address: 1330 SW 59 AVENUE
City-St-Zip: MIAMI, FL 33144

Title: T ( ) Delete
Name: SUAREZ, IRENE E
Address: 3970 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

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 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: PABLO ZERQUERA PS 09/26/2005
Electronic Signature of Signing Officer or Director Date