2005 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Name			\ 	
MAXICARE HEALTH CENTER, CORP.			2005 OCT 24	PM 4: 26
Principal Place of Business	Mailing Addrson		SECRÉTARY TALLAHASSE	OF STATE
Principal Place of Business Mailing Address 1710 NW 7TH STREET 1710 NW 7TH STREET		т	TALLAHASSE	Ell Come.
#9 #9		•		
MIAMI, FL 33125 MIAMI, FL 33125			S INTERNAL DE ANTEN DEZA META ARRIVARIA	AN MARINE FORTO (CITO) (PRINT FORT) ORRIVATA AR ROSE
2. Principal Place of Business 3. Mailing Address				
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		10212005 REIN-P	CR2E098 (6/04)
City & State	City & State		4. FEI Number	Applied For
Zip Country	Zip	Country	65-1136442	Not Applicable
DD South,		Occurs	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New F	Registered Agent
CANIZARES, ROY				
1710 NW 7 ST		Street Address (P.O. Box Number is Not Acceptable)		
#9 MIAMI, FL 33125				,
		City		FL Zip Code
The above named entity submits this statement for	the number of changing its	registered office or regist	ered agent or both in the State of Flo	
the obligations of registered agent.	the perpose of changing to	ogisteroa omee or regiat	ored agent, or both, in the state of the	onda. Tantiamiliai wi ili, and accept
SIGNATURE				
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature req	ulred when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00			In accordance	with s. 607.193(2)(b), F.S., the
After January 1, 2006, Fee will be \$300.0	0		corporation did	not receive the prior notice.
10. OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE P	☐ Defete	TITLE		☐ Change ☐ Addition
NAME CANIZARES, THAIS C STREET ADDRESS 9750 SW 111 TERR		NAME Street address	.500060	896635 5009 **150.00
CITY-ST-ZIP MIAMI, FL 33176		CITY-ST-ZIP	10/24/05==0105	00.001** EDOCO
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STREET ADDRESS 9750 SW 111 TERR CITY-ST-ZIP MIAMI, FL 33176		NAME Street address City-St-Zip		☐ Change ☐ Addition
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CITY-SI-ZIP MIAMI, FL 33176 ITILE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or drustee emporchanged, or on an attachment wan an address. V	☐ Delete ☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE exemption stated in S TREET ADDRESS CITY-ST-ZIP The exemption stated in S TREET ADDRESS CITY-ST-ZIP The exemption stated in S TREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, e same legal effect as if made under 07, Florida Statutes; and that my nam	Change Addition Change Addition Change Addition Change Addition

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