

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




10212005 REIN-P CR2E098 (6/04)

4. FEI Number **65-1136442** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # P01000089890
1. Entity Name
MAXICARE HEALTH CENTER, CORP.



Principal Place of Business
**1710 NW 7TH STREET
#9
MIAMI, FL 33125**

Mailing Address
**1710 NW 7TH STREET
#9
MIAMI, FL 33125**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**CANIZARES, ROY
1710 NW 7 ST
#9
MIAMI, FL 33125**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANIZARES, THAIS C 9750 SW 111 TERR MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060896635 10/24/05--01055--009 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy Canizares*

Date _____ Daytime Phone # _____

10/26