2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2007
Secretary of State

DOCUMENT# P01000089890

Entity Name: MAXICARE HEALTH CENTER, CORP.

Current Principal Place of Business:

1710 NW 7TH STREET
#9
MIAMI, FL 33125

New Principal Place of Business:

1710 NW 7TH STREET
#209
MIAMI, FL 33125

Current Mailing Address:

1710 NW 7TH STREET
#9
MIAMI, FL 33125

New Mailing Address:

1710 NW 7TH STREET
#209
MIAMI, FL 33125

FEI Number: 65-1136442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANIZARES, ROY
1710 NW 7 ST
#9
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

CANIZARES, ROY
1710 NW 7 ST
#209
MIAMI, FL 33125 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: ROY CANIZARES 11/02/2007
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: P ( ) Delete
Name: CANIZARES, THAIS C
Address: 9750 SW 111 TERR
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete
Name: CANIZARES, ROY
Address: 9750 SW 111 TERR
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CANIZARES, THAIS C
Address: 1710 NW 7 ST SUITE # 209
City-St-Zip: MIAMI, FL 33125

Title: V (X) Change ( ) Addition
Name: CANIZARES, ROY
Address: 1710 NW 7 ST SUITE # 209
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify 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: ROY CANIZARES VP 11/02/2007
Electronic Signature of Signing Officer or Director Date