2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000117607

ORLANDO, FL 32837

City-St-Zip:

Entity Name: WE-CARE FAMILY MEDICAL GROUP, INC.

FILED Sep 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6388 SILVER STAR RD SUITE 1-A ORLANDO, FL 32818 **New Mailing Address: Current Mailing Address:** 6388 SILVER STAR RD SUITE 1-A ORLANDO, FL 32818 FEI Number: 59-3759065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYES, IVAN 942 ARDILLITA CT WINTER SPRINGS, FL 32708 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: IVAN REYES 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition REYES, IVAN Name: Name: 942 ARDILLITA CIRCLE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SOLES, ANA Name: 1619 HOOKVILLE CT Address: Address:

City-St-Zip:

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: IVAN REYES P 09/28/2007