# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 05, 2006**
**Secretary of State**

DOCUMENT# P02000028392

**Entity Name:** MIAMI MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

8337 N.W. 12 STREET, STE. 101
MIAMI, FL 33126

**New Principal Place of Business:**

13055 SW 42 ST SUITE 210
MIAMI, FL 33175

**Current Mailing Address:**

12365 S.W. 43 STREET
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number: 01-0644652** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CINTRON, JOHN R
12365 S.W. 43 STREET
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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: JOHN R. CINTRON
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: PD ( ) Delete
Name: CINTRON, JOHN R
Address: 12365 S.W. 43 STREET
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete
Name: SANCHEZ, JANY M.D.
Address: 8337 N.W. 12 STREET, STE. 101
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: CINTRON, JOHN R M.D.
Address: 12365 S.W. 43 STREET
City-St-Zip: MIAMI, FL 33175

Title: SD (X) Change ( ) Addition
Name: SANCHEZ, JANY M.D.
Address: 12365 SW 43 STREET
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. CINTRON, M.D. PD 10/05/2006
Electronic Signature of Signing Officer or Director — Date