PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 APR 12 FH 1: 57
DOCUMENT # Po 200	0058170	CEC. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Florida Care Mi	EDICAL Center Corp	
2. Principal Office Address	3. Mailing Office Address	7
6800 SW 40 St	SAME	CR2E081 (8/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 5-24-02
City & State	City & State	5. FEI Number
Mi Ami Zip Country	Zip Country	_ 56-25/1364 Not Applicable
33155 USA	Z.W	CERTIFICATE OF STATUS DESIRED 55.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Regis	stered Agent
Name aneisy	PADRON	
Street Address (P.O. Box Number is	Not Acceptable)	900073573219 05/02/0601004024 **1050.0
Suite, Apt. #, Etc.	G/	
City MIAMI		State Zip Code FL 33/55
	ove samed corporation, am familiar with and accept the	e obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date 4-6-06
	nd/or Director (Florida nonprofit corporations must list a	at least 3 directors)
Titles Name of Officers and/or Director	Street Address of E	ach City / State / 7/n
P Vaneisy PA	10100 G800 SW 4	LOST MiAMI F1371SS
	B	# 00073573718 以いが02/0601004025 **150.00
_	TENSIATE	3-De
this reinstatement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	ssolution has been eliminated, the corporate name satis	as provided for in chapter 607 or 617, F.S. I further certify that when filling sfies the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated under oath. Date Daytime Phone #