2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2011
Secretary of State

DOCUMENT# P02000061799

Entity Name: ACCIDENT INJURY AND FAMILY HEALTH CARE, INC.

Current Principal Place of Business:

17230 W DIXIE HWY
N. MIAMI BCH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17230 W DIXIE HWY
N. MIAMI BCH, FL 33160

New Mailing Address:

FEI Number: 04-3691393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DVORKIN, EILEEN
17230 W DIXIE HWY
N. MIAMI BCH, FL 33160 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: DR. EILEEN DVORKIN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: DVORKIN, EILEEN
Address: 17230 W DIXIE HWY
City-St-Zip: N. MIAMI BCH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: DR. EILEEN DVORKIN P 10/11/2011

Electronic Signature of Signing Officer or Director — Date