

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 11 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080807



1. Entity Name  
HOLGUIN MEDICAL SERVICES, INC.

Principal Place of Business  
1114 NW 43RD AVE. #1C  
MIAMI, FL 33126

Mailing Address  
1114 NW 43RD AVE. #1C  
MIAMI, FL 33126

2. Principal Place of Business  
3201 S.W. 21 Street  
Suite, Apt. #, etc.

3. Mailing Address  
3201 S.W. 21 Street  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL



Zip  
33145

Country  
USA

Zip  
33145

Country  
USA

4. FEI Number  
33-1016801

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CRUZ, BARBARA  
1114 NW 43RD AVE. #1C  
MIAMI, FL 33126

## 7. Name and Address of New Registered Agent

Name  
Barbara Cruz  
Street Address (P.O. Box Number is Not Acceptable)  
3201 S.W. 21 Street  
City  
Miami FL Zip Code  
33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/08/04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D CRUZ, BARBARA ☐ Delete  
STREET ADDRESS  
1114 NW 43RD AVE. #1C  
CITY-ST-ZIP  
MIAMI, FL 33126

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
DPT Barbara Cruz ☒ Change ☐ Addition  
STREET ADDRESS  
3201 S.W. 21 Street  
CITY-ST-ZIP  
Miami, FL 33145

TITLE  
NAME  
VPS Joselma Gamarra ☐ Change ☒ Addition  
STREET ADDRESS  
3201 S.W. 21 Street  
CITY-ST-ZIP  
MIAMI, FL 33145

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/04

Date

Daytime Phone #