2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000084944

1. Entity Name
MEDICAL DIAGNOSTIC CORP.

FILED
07 OCT 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6955 NW 77 AVE. 402 MIAMI, FL 33166	6955 NW 77 AVE 402 MIAMI, FL 33166

10162007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4575 NW 7StR	4575 NW 7StR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33126 Country: DADe	Zip: 33126 Country: DADe

4. FEI Number: 42-1547003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESCOBAR, ORLANDO 6955 NW 77 AVE 402 MIAMI, FL 33166	Name: DIXAN Esteban Barcelo Street Address (P.O. Box Number is Not Acceptable) 4575 NW 7St City: MIAMI FL Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ESCOBAR, ORLANDO 6955 NW 77 AVE STE 402 MIAMI, FL 33166	☑ Delete	DIXAN. ESTeBan Barcelo 4575 NW 7St MIAMI FL 33126	☐ Change ☑ Addition
		☐ Delete	000111244190 10/24/07--01003--003 **115.00	☐ Change ☐ Addition
		☐ Delete	000111244190 10/24/07--01003--003 **35.00	☐ Change ☐ Addition
	REINSTATEMENT	☐ Delete		☐ Change ☐ Addition
	RH 10-07	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 — Date — Daytime Phone #