

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000089405

Entity Name: ATLANTIC MEDICAL SPECIALTY, INC.

FILED  
Oct 16, 2009  
Secretary of State

## Current Principal Place of Business:

9784 SW 24 ST  
MIAMI, FL 33165

## New Principal Place of Business:

8009 N.W 36TH STREET,  
234  
MIAMI, FL 33166

## Current Mailing Address:

9784 SW 24 ST  
MIAMI, FL 33165

## New Mailing Address:

8009 N.W 36TH STREET,  
234  
MIAMI, FL 33166

FEI Number: 43-1971812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARAICOA, CARLOS A  
9784 SW 24 ST  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

GARAICOA, CARLOS A  
8009 N.W 36TH STREET,  
234  
MIAMI, FL 33166 US

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: CARLOS GARAICOA

10/16/2009

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: VP ( ) Delete  
Name: LOPES, MARIA E  
Address: 9784 SW 24 STREET  
City-St-Zip: MIAMI, FL 33165

Title: P ( ) Delete  
Name: GARAICOA, CARLOS  
Address: 9784 SW 24 STREET  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: LOPES, MARIA E  
Address: 8009 N.W 36TH STREET, SUITE 234  
City-St-Zip: MIAMI, FL 33166

Title: P (X) Change ( ) Addition  
Name: GARAICOA, CARLOS  
Address: 8009 N.W 36TH STREET, SUITE 234  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS GARAICOA

PRES

10/16/2009

Electronic Signature of Signing Officer or Director

Date