2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# P02000097119

Entity Name: SOUTH KENDALL MEDICAL SERVICES, INC.

Current Principal Place of Business:

10621 SW 88TH ST
#122
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10621 SW 88TH ST
#122
MIAMI, FL 33176

New Mailing Address:

FEI Number: 03-1104035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANABRIA, IDALIA
10621 S.W. 88TH ST.
STE. 122
MIAMI, FL 33176 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: _____

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: D ( ) Delete
Name: HERNANDEZ, RAUL
Address: 3611 SW 147 PL
City-St-Zip: MIAMI, FL 33185

Title: D (X) Delete
Name: HERNANDEZ, ALICIA
Address: 3611 SW 147 PL
City-St-Zip: MIAMI, FL 33185

Title: PVST (X) Delete
Name: SANABRIA, IDALIA
Address: 10621 SW 88TH ST, STE. 122
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SANABRIA, IDALIA
Address: 10621 SW 88TH ST, STE:122
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IDALIA SANABRIA PVST 10/19/2004

Electronic Signature of Signing Officer or Director — Date