

**2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000103606

**FILED**  
**Aug 26, 2013**  
**Secretary of State**

**Entity Name:** PHYSICIANS MANAGEMENT GROUP OF DADE, INC.

**Current Principal Place of Business:**

7150 W 20TH AVE STE 215  
HIALEAH, FL 33016

**New Principal Place of Business:**

7100 WEST 20TH AVE  
110  
HIALEAH, FL 33016

**Current Mailing Address:**

7150 W 20TH AVE STE 215  
HIALEAH, FL 33016

**New Mailing Address:**

7100 WEST 20TH AVE  
110  
HIALEAH, FL 33016

**FEI Number:** 22-3876708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWSON, NURIA  
7150 W 20TH AVE STE 215  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

AGUIAR, ALBERTO M  
6500 COWPEN ROAD  
202  
MIAMI LAKES, FL 33014 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: ALBERTO M. AGUIAR

08/26/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LAWSON, NURIA  
Address: 7100 WEST 20TH AVE #110  
City-St-Zip: HIALEAH, FL 33016

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: NURIA LAWSON

D

08/26/2013

Electronic Signature of Signing Officer or Director

Date