


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P02000108323 1. Entity Name FLEX MED-CARE CORPORATION |  |
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FILED
05 SEP 20 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|---|---|
| Principal Place of Business 3114 COMMERCE PARKWAY MIRAMAR, FL 33025 | Mailing Address 3114 COMMERCE PARKWAY MIRAMAR, FL 33025 |
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09202005 REIN-P CR2E098 (6/04)

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| 2. Principal Place of Business 1395 Brickell Ave | 3. Mailing Address 3400 S.W. 27th Ave |
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| Suite, Apt. #, etc. Suite 630 | Suite, Apt. #, etc. Apt 805 |
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|----------------------------------|--------------------------------------|
| City & State Miami, FL | City & State Coconut Grove |
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| 4. FEI Number 75-3092802 | Applied For Not Applicable |
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|---------------------|-------------------------|---------------------|-------------------------|
| Zip 33131 | Country U.S.A | Zip 33133 | Country U.S.A |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
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| 8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 MONTH FEE IS \$150.00
After January 1, 2006, 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete IMOCHI, GREG "PHARM D" 671 WEST 2ND STREET SAN BERNARDINO, CA 92410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC <input type="checkbox"/> Delete ESHESIMUA, GODWIN W 3114 COMMERCE PARKWAY MIRAMAR, FL 33025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ESHESIMUA, GODWIN W. 3400 S.W. 27th Ave, Apt 805 Coconut Grove, FL, 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DAMUS, ALFRED J. DR, (FACED) 8145 S.W. 53 Ave, MIAMI, FL, 33143. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D OSHOKPEKHAH, EVARISTUS DR, 105 Westford Circle Bonair GA, 31005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ESHESIMUA, EDWIN O ENG, 17906 N.W. 68 Ave Highland, FL, 33015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *John E. Cohen* Date: 9/20/05 Daytime Phone #: 305-949-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR