2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000108323

1. Entity Name
FLEX MED-CARE CORPORATION

FILED
05 SEP 20 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09202005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
3114 COMMERCE PARKWAY MIRAMAR, FL 33025	3114 COMMERCE PARKWAY MIRAMAR, FL 33025

2. Principal Place of Business	3. Mailing Address
1395 Brickell Ave	3400 S.W. 27th Ave
Suite, Apt. #, etc.: Suite 630	Suite, Apt. #, etc.: Apt 805
City & State: Miami, FL,	City & State: Coconut Grove
Zip: 33131 Country: U.S.A	Zip: 33133 Country: U.S.A.

4. FEI Number: 75-3092802 — 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!! 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMOOHI, GREG "PHARM D" 671 WEST 2ND STREET SAN BERNARDINO, CA 92410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC. ESHESIMUA, GODWIN W. 3400 S.W. 27th Ave, Apt 805 Coconut Grove, FL, 33133 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESHESIMUA, GODWIN W 3114 COMMERCE PARKWAY MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DAMUS, ALFRED J. Dr, (FACED) 8145 S.W. 53 Ave, MIAMI, FL, 33143. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSHOKPEKHAI, EVARISTUS. DR, 125 Westford circle Bonaire GA, 31005 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESHESIMUA, EDWIN O ENG. 17906 N.W. 68 Ave Hialeah, FL, 33015 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800059871618 09/22/05--01041--010 **158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 9/20/05 305-949-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #