

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000110995

Entity Name: EPE MEDICAL SERVICES INC.

**FILED**  
**May 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

210 71 ST STE 312  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

210 71 ST STE 312  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 06-1652333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENITEZ, EMIL  
11800 SW 19 ST APT 413  
MIAMI, FL 33175 US

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

VALDES MARTINEZ, ELBA  
6060 W 25 CT  
HIALEAH, FL 33016 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: ELBA VALDES MARTINEZ

05/11/2007

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: P ( ) Delete  
Name: BENITEZ, EMIL  
Address: 210 71 STREET, SUITE 312  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: ELBA VALDES MARTINEZ,  
Address: 6060 W 25 CT  
City-St-Zip: HIALEAH, FL 33016

Title: VD ( ) Change (X) Addition  
Name: ELAINE POWER,  
Address: 3022 SW 134 PL  
City-St-Zip: MIAMI, FL 33175

Title: TD ( ) Change (X) Addition  
Name: DR. RALPH BENSON, JR.,  
Address: 5600 N. FLAGLER PH-105  
City-St-Zip: PALM BEACH, FL 33407

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: ELBA VALDES MARTINEZ

PSD

05/11/2007

Electronic Signature of Signing Officer or Director

Date