2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 05, 2007
Secretary of State

DOCUMENT# P02000125144

Entity Name: SOLVE MEDICAL GROUP, INC.

Current Principal Place of Business:

1435 W. 49TH PLACE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1435 W. 49TH PLACE
HIALEAH, FL 33012

New Mailing Address:

P.O.BOX 160760
HIALEAH, FL 33016

FEI Number: 56-2305150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOSADA, ARQUIMEDES G
1435 W. 49TH PLACE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

LOSADA, ARQUIMEDES G
8511 NW 141TERR
APT 405
MIAMI LAKES, 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: ARQUIMEDES G LOSADA 06/05/2007
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: D ( ) Delete
Name: LOSADA, ARQUI G
Address: 1435 W 49 PL
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LOSADA, ARQUI G
Address: 8511 NW 141 TERR
City-St-Zip: APT 405, FL 33016

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: ARQUIMEDES G LOSADA MD 06/05/2007
Electronic Signature of Signing Officer or Director Date