

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000007709

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** A.M. MEDICAL CENTER, INC.

**Current Principal Place of Business:**

8900 CORAL WAY STE 203  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8900 CORAL WAY STE 203  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 76-0723033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, ALAIN  
14180 S W 30 ST  
MIAMI, FL 33175 US

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

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:** ALAIN MORALES

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  
Name: MORALES, ALAIN  
Address: 11340 SW 44TH ST  
City-St-Zip: MIAMI, FL 33165

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:** ALAIN MORALES

PRES

03/26/2010

Electronic Signature of Signing Officer or Director

Date