


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000020233		
1. Entity Name MEDICAL NETWORK BROKERS, INC.		

Principal Place of Business 175 FONTAINEBLEU BLVD. SUITE 251 MIAMI, FL 33172-4598	Mailing Address 175 FONTAINEBLEU BLVD. SUITE 251 MIAMI, FL 33172-4598
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2. Principal Place of Business 11361 SW 26 ST		3. Mailing Address 11361 SW 26 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Miami	
City & State Miami FL		City & State Miami FL	
Zip 33165	Country	Zip 33165	Country

FILED  
05 FEB -4 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02032005 REIN-P CR2E098 (6/04)

8. Name and Address of Current Registered Agent USAN, MARIA E 175 FONTAINEBLEU BLVD. SUITE 251 MIAMI, FL 33172-4598		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: Maria E Usan DATE: 02/03/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USAN, MARIA E 9370 SW 16 ST MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W.P MARIA E USAN 11361 SW 26 ST MIAMI FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARACH, JUAN 1105 NW 90 TERRACE PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAGOBERTO CASTRO 11361 SW 26 ST MIAMI FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100046661021 02/16/05--01001--013 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Maria E Usan DATE: 02/03/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/05 (305) 221 9093