# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 22, 2005**
**Secretary of State**

DOCUMENT# P03000050656

**Entity Name:** EXCELLENT CARE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

4746 W FLAGLER ST
MIAMI, FL 33134

**New Principal Place of Business:**

7203 SW 24TH STREEET
MIAMI, FL 33155

**Current Mailing Address:**

4746 W FLAGLER ST
MIAMI, FL 33134

**New Mailing Address:**

P O BOX 441736
MIAMI, FL 33144

**FEI Number: 13-4250998** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DIAZ, FIDEL
4746 W FLAGLER ST
MIAMI, FL 33134 US

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

DIAZ, FIDEL
7203 SW 24TH STREET
MIAMI, FL 33144 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: FIDEL DIAZ 09/22/2005
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: DP ( ) Delete
Name: DIAZ, FIDEL
Address: 4746 W FLAGLER ST
City-St-Zip: MIAMI, FL 33134

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

Title: DP (X) Change ( ) Addition
Name: DIAZ, FIDEL
Address: 7203 SW 24TH STREET
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FIDEL DIAZ DP 09/22/2005
Electronic Signature of Signing Officer or Director Date