2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P03000061340

Entity Name: BISCAYNE MEDICAL GROUP, CORP.

Current Principal Place of Business:

3550 BISCAYNE BLVD STE #508
MIAMI, FL 33137

New Principal Place of Business:

2125 BISCAYNE BOULEVARD
#590
MIAMI, FL 33137

Current Mailing Address:

3550 BISCAYNE BLVD STE #508
MIAMI, FL 33137

New Mailing Address:

2125 BISCAYNE BOULEVARD
#590
MIAMI, FL 33137

FEI Number: 20-0030066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLINA, DIANELLYS
2125 BISCAYNE BLVD #590
MIAMI, FL 33137 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: DIANELLYS MOLINA
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOLINA, DIANELLYS
Address: 2125 BISCAYNE BLVD STE #590
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: MOLINA, DIANELLYS
Address: 2125 BISCAYNE BLVD STE #590
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANELLYS MOLINA P 03/15/2007
Electronic Signature of Signing Officer or Director Date