

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000094758

FILED  
Oct 03, 2008  
Secretary of State

Entity Name: A TO Z MEDICAL CENTER INC.

## Current Principal Place of Business:

651 RUGBY STREET  
ORLANDO, FL 32804

## New Principal Place of Business:

## Current Mailing Address:

651 RUGBY STREET  
ORLANDO, FL 32804

## New Mailing Address:

FEI Number: 20-0187546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAVTSOV, VLADIMIR  
6100 ARLINGTON EXPRESS WAY  
J302  
JACKSONVILLE, FL 32211 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: VLADIMIR KRAVTSOV

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 ( ) Delete  
Name: MAGDESSIAN, RIMMA  
Address: 2470 LAKE DEBRA RD 13-20  
City-St-Zip: DENVER, CO

Title: SEC ( ) Delete  
Name: NUBARYAN, ELINA  
Address: 2470 KALE DEBRA RD 13-207  
City-St-Zip: ORLANDO, FL 32835

Title: TRES ( ) Delete  
Name: EXOUZIAN, KRISTINA  
Address: 2470 LAKE DEBRA RD 13-207  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RIMMA MAGDESSIAN

P

10/03/2008

Electronic Signature of Signing Officer or Director

Date