

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000121010

1. Entity Name
HEALTHY MEDICAL CARE, INC.



FILED

05 APR -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7801 SW CORAL WAY, STE 114
MIAMI, FL 33174

Mailing Address
7801 SW CORAL WAY, STE 114
MIAMI, FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012005 REIN-P CR2E098 (6/04)

4. FEI Number

20-0342670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARDINAS, LAZARO A
7801 SW CORAL WAY, STE 114
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SARDINAS, LAZARO A
STREET ADDRESS 7801 SW CORAL WAY, STE 114
CITY-ST-ZIP MIAMI, FL 33174

TITLE V ☐ Delete
NAME MORENO, MAX MD
STREET ADDRESS 7801 SW CORAL WAY, STE 114
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600051203936
CITY-ST-ZIP 04/19/05--01044--006 ***300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lazaro Gardinas Lazaro Gardinas 4/01/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #