

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000128838</b> 1. Entity Name <b>FLORIDA MEDICAL HEALTH PROVIDER CORP</b>						<b>FILED</b> <b>05 FEB 21 PM 2:45</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>732 SOUTH FEDERAL HWAY</b> <b>DANIA BEACH, FL 33004</b>				Mailing Address <b>732 SOUTH FEDERAL HWAY</b> <b>DANIA BEACH, FL 33004</b>			
2. Principal Place of Business <b>821 NE 79 ST</b>		3. Mailing Address <b>821 NE 79 ST</b>					
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____					
City & State <b>MIAMI, FL 33138</b>		City & State <b>MIAMI, FL 33138</b>		4. FEI Number <b>71-0957012</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33138</b>		Country <b>U.S.A.</b>		Zip <b>33138</b>		Country <b>U.S.A.</b>	
6. Name and Address of Current Registered Agent <b>CHAVEZ, FREDDY M</b> <b>732 SOUTH FEDERAL HWAY</b> <b>DANIA BEACH, FL 33004</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>REINSTATEMENT 04-05</b>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>CHAVEZ, FREDDY M</b> <b>732 SOUTH FEDERAL HWAY</b> <b>DANIA BEACH, FL 33004</b>			TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHAVEZ, Freddy M.</b> <b>821 NE 79 ST</b> <b>MIAMI, FL 33138</b>		
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>VISBAL, FERNANDO E</b> <b>732 SOUTH FEDERAL HWAY</b> <b>DANIA BEACH, FL 33004</b>			TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VISBAL, FERNANDO E</b> <b>821 NE 79 ST</b> <b>MIAMI, FL 33138</b>		
TITLE <b>SEC</b>	<input type="checkbox"/> Delete <b>QUINTERO, OSCAR</b> <b>732 SOUTH FEDERAL HWAY</b> <b>DANIA BEACH, FL 33004</b>			TITLE <b>SEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>QUINTERO, OSCAR</b> <b>821 NE 79 ST</b> <b>MIAMI, FL 33138</b>		
TITLE _____	<input type="checkbox"/> Delete _____ _____ _____			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200047924852</b> <b>03/08/05--01018--012 ***300.00</b>		
TITLE _____	<input type="checkbox"/> Delete _____ _____ _____			TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____		
TITLE _____	<input type="checkbox"/> Delete _____ _____ _____			TITLE _____	<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: <b>Freddy Chavez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>01/11/05</b> <small>Daytime Phone #</small>			