


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000148457</b> 1. Entity Name HELPING MEDICAL CENTER CORP.	
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FILED

04 NOV 16 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 18618 NW 84 PB PASS 23012 MIAMI, FL 33015	Mailing Address 18618 NW 84 PB PASS 23012 MIAMI, FL 33015
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2. Principal Place of Business 192 S. FLAMINGO RD Suite, Apt. #, etc.	3. Mailing Address 192 S. FLAMINGO RD Suite, Apt. #, etc.
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REINSTATEMENT

City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 33027	Country U.S.	Zip 33027	Country U.S.

6. Name and Address of Current Registered Agent  TORRES, ERIBERTO 18618 NW 84 PB PASS 23012 MIAMI, FL 33015	7. Name and Address of New Registered Agent Name: ERIBERTO TORRES Street Address (P.O. Box Number is Not Acceptable): 192 S FLAMINGO RD City: PEMBROKE PINES FL Zip Code: 33027
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, ERIBERTO 18618 NW 84 PB PASS 23012 MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERIBERTO TORRES 192 S FLAMINGO RD PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: \_\_\_\_\_ Date: 11/15/04 Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR