


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000149331		
1. Entity Name AMARO MEDICAL CENTER INC.		

05 MAY -9 AM 8:20

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1320 NW 7 ST STE 2 MIAMI, FL 33012	Mailing Address 1320 NW 7 ST STE 2 MIAMI, FL 33012
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2. Principal Place of Business 6943 STERLING RD. Suite, Apt. #, etc.	3. Mailing Address 6943 STERLING RD. Suite, Apt. #, etc.
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**REINSTATEMENT**



04082005 REIN-P CR2E098 (6/04) 0905

City & State DAVIE, FL	City & State DAVIE, FL	4. FEI Number 75-3142546	Applied For <input type="checkbox"/> Not Applicable
Zip 33314	Country BROWARD	Zip 33314	Country BROWARD

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMARO, CARMEN 25314 SW 128 AVE MIAMI, FL 33032	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARO, CARMEN 25314 SW 128 AVE MIAMI, FL 33032 <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	800054745668 05/18/05--01058--005 ***308.75 <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:  CARMEN AMARO  
Date: 4/12/05 305-345-4447 Daytime Phone #

15

2082

April 28, 2005

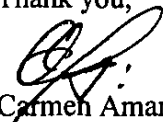
Reinstatement Department  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**REF: AMARO MEDICAL CENTER INC.  
P03000149331**

To whom this may concern:

I am submitting my corporation reinstatement form. We did not receive any reinstatement notices from your department for the year 2004 and 2005. If you could please waive the reinstatement fees I would really appreciate it. This corporation has not had any activity because we are pending licensing from Medicare. I am sending you a total of \$308.75 for reinstatement fees and a certificate of status.

Thank you,

  
Carmen Amaro  
President

CA;bms