

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000039399

Entity Name: ABC MEDICAL GROUP, INC

**FILED**  
**Oct 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1393 SW 1ST STREET  
320  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1393 SW 1ST STREET  
320  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 84-1646382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ALFREDO  
1393 SW 1ST STREET  
#320  
MIAMI, FL 33135 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: RA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GONZALEZ, ALFREDO  
Address: 1393 SW 1ST STREET, STE 320  
City-St-Zip: MIAMI, FL 33135

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO GONZALEZ

P

10/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date