2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000040262

Entity Name: FLORIDA PC DOCTORS CORP.

FILED Aug 19, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5944 CORAL RIDGE DRIVE 5944 CORAL RIDGE DRIVE

114 CORAL SPRINGS, FL 33076 US

CORAL SPRINGS, FL 33076 US

Current Mailing Address: New Mailing Address:

5944 CORAL RIDGE DRIVE 5944 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076 US

CORAL SPRINGS, FL 33076 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

CANALES, ANGEL L
2528 CORAL SPRINGS DRIVE
2528

CORAL SPRINGS, FL 33065 US APT3
CORAL SPRINGS, FL 33065 US

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: ANGEL L CANALES 08/19/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

election campaign rinancing trust runa contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Delete Title: DIR (X) Change () Addition

 Name:
 CANALES, ANGEL L
 Name:
 CANALES, ANGEL L

 Address:
 5944 CORAL RIDGE DRIVE, #114
 Address:
 5944 CORAL RIDGE DRIVE,

 City-St-Zip:
 CORAL SPRINGS, FL 33076 US
 City-St-Zip:
 CORAL SPRINGS, FL 33076 US

Title: () Delete Title: DIR () Change (X) Addition

 Name:
 Name:
 ANIBAL, LABOY

 Address:
 Address:
 11040 NW 39TH ST

 City-St-Zip:
 City-St-Zip:
 CROAL SPRINGS, FL 33065

Title: () Delete Title: DIR () Change (X) Addition

 Name:
 Name:
 YOLAMIS, BRITO

 Address:
 Address:
 11040 NW 39TH ST

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGEL L CANALES DIR 08/19/2006