

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000100071

1. Entity Name
PROMD PRACTICE MANAGEMENT, INC.



Principal Place of Business
7300 SW 62ND PLACE SUITE 201
S MIAMI, FL 33143

Mailing Address
7300 SW 62ND PLACE SUITE 201
S MIAMI, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-1377010

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, BRENT D
2 ALHAMBRA PLAZA PENTHOUSE II B
CORAL GABLES, FL 33134

Name JOSE CARRERAS

Street Address (P.O. Box Number is Not Acceptable)

7300 SW 62 PL Suite 201

Miami

City

FL

Zip Code

33143

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAI, ANTHONY	
STREET ADDRESS	7300 SW 62ND PLACE SUITE 201	
CITY-ST-ZIP	S MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, JORGE L	
STREET ADDRESS	7300 SW 62ND PLACE SUITE 201	
CITY-ST-ZIP	S MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, LARS P	
STREET ADDRESS	7300 SW 62ND PLACE SUITE 201	
CITY-ST-ZIP	S MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRERAS, JOSE	
STREET ADDRESS	7300 SW 62ND PLACE SUITE 201	
CITY-ST-ZIP	S MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600060634026
CITY-ST-ZIP	10/14/05--01072--001 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

JOSE CARRERAS, DIRECTOR

10/14/05

3056699521

Date

Daytime Phone #

FILED

2005 OCT 14 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/18/05