

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000110255

**FILED**  
**Dec 14, 2011**  
**Secretary of State**

**Entity Name:** PHARMA MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

1321 NW 14 STREET  
STE 100  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1321 NW 14 STREET  
STE 100  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 20-4176053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LUIS, VAZQUEZ  
1321 NW 14 STREET  
STE 100  
MIAMI, FL 33125 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:** LUIS VAZQUEZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** VAZQUEZ, LUIS  
**Address:** 1321 NW 14 STREET, STE 100  
**City-St-Zip:** MIAMI, FL 33125

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:** LUIS VAZQUEZ

MR

12/14/2011

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

\_\_\_\_\_  
Date