

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000112732 1. Entity Name A.C.R. MEDICAL CLINIC, INC.						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 06 MAR 14 12:11:38 </div>	
Principal Place of Business 1455 N.W. 14TH STREET MIAMI, FL 33125				Mailing Address 1455 N.W. 14TH STREET MIAMI, FL 33125			
2. Principal Place of Business 6517 TAFT ST Suite, Apt. #, etc. SUITE # 207 City & State HOLLYWOOD, FL Zip 33024		3. Mailing Address 6517 TAFT ST Suite, Apt. #, etc. SUITE # 207 City & State HOLLYWOOD, FL Zip 33024				02082006 REIN-P CR2E098 (11/05)	
City & State HOLLYWOOD, FL Zip 33024		City & State HOLLYWOOD, FL Zip 33024		4. FEI Number 74-3132793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RIVERA, RICHARD 1455 N.W. 14TH STREET MIAMI, FL 33125			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 <u><i>R. Rivera</i></u> DATE <u>2.9.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST RIVERA, RICHARD 1455 N.W. 14TH STREET MIAMI, FL 33125 <input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 6517 TAFT ST SUITE 207 HOLLYWOOD, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RIVERA, RICHARD 1455 N.W. 14TH STREET MIAMI, FL 33125 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 6517 TAFT ST SUITE 207 HOLLYWOOD, FL 33134 <input checked="" 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 500068107045 03/20/06--01021--012 ***908.75 <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 REINSTATEMENT 05-06 <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 exemptions contained 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 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: <u><i>R. Rivera</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2.9.06</u> <small>Daytime Phone #</small>			