

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000113173

FILED
Oct 27, 2006
Secretary of State

Entity Name: DORAL MEDICAL CENTER, INC.

Current Principal Place of Business:

5217 NW 79 AVE
MIAMI, FL 33166

New Principal Place of Business:

3750 W 16 AVE
SUITE 136 U
HIALEAH, FL 33012

Current Mailing Address:

5217 NW 79 AVE
MIAMI, FL 33166

New Mailing Address:

3750 W 16 AVE
SUITE 136 U
HIALEAH, FL 33012

FEI Number: 65-0971312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTO, ANTONIO
10031 SW 41 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

CANTOS, ANTONIO
10031 SW 41 ST
MIAMI, FL 33165 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: ANTONIO CANTOS

10/27/2006

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 ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANTO, ANTONIO
Address: 10031 SW 41 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CANTOS, ANTONIO
Address: 10031 SW 41 ST
City-St-Zip: MIAMI, FL 33165

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: ANTONIO CANTOS

P/D

10/27/2006

Electronic Signature of Signing Officer or Director

Date