

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000120380

FILED
Mar 01, 2006
Secretary of State

Entity Name: ACTION MEDICAL CENTER A.P.L.O., INC.

Current Principal Place of Business:

3645 NW 79TH ST.
MIAMI, FL 33147

New Principal Place of Business:

3645 NW 79TH ST.
SUITE 1
MIAMI, FL 33147

Current Mailing Address:

3645 NW 79TH ST.
MIAMI, FL 33147

New Mailing Address:

3645 NW 79TH ST.
SUITE 1
MIAMI, FL 33147

FEI Number: 57-1218517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRE, ANA M
17055 NW 78TH AVE.
MIAMI, FL 33015 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: ANA M TORRES

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: PD () Delete
Name: TORRES, LAZARO
Address: 17055 NW 78 AVENUE
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: TORRES, AVA M
Address: 17055 NW 78 AVENUE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TORRES, ANA M
Address: 17055 NW 78 AVENUE
City-St-Zip: MIAMI, FL 33015

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: LAZARO TORRES

PDT

03/01/2006

Electronic Signature of Signing Officer or Director

Date