2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000123876

1. Entity Name
ATLANTIC MEDICAL OFFICE, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 1:59

REINSTATEMENT 05

Principal Place of Business	Mailing Address
175 FONTAINEBLEAU BLVD STE 1 G-5 MIAMI, FL 33172-4598	175 FONTAINEBLEAU BLVD STE 1 G-5 MIAMI, FL 33172-4598

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11282005 REIN-P CR2E098 (6/04)

4. FEI Number 20-1556-459 — 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
OROZCO, PABLO A 401 NW 72 AVE APT 304 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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, typed 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete VIDAL, XIOMARA M.D. 175 FONTAINEBLEAU BLVD.,STE. 1G-5 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete OROZCO, PABLO A 175 FONTAINEBLEAU BLVD STE 1 G-5 MIAMI, FL 331724598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100061947641 12/06/05--01008--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #