2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						_	P*** 1 1	time and		
DOCUMENT # P04000124573 1. Entity Name RANGEL MEDICAL CENTER, INC.							FILED			
RANGEL	MEDICA	L CENTER, INC.				05 NOV 18				
Principal Place of Business Mailing Address						1	SECI, TALLAHASS	- 1 ゆり付し		
•						<u>TALLAHASS</u> ,	<u>LE, FLUKID</u> A			
175 FOUNTAINBLEU BLVD. 175 FOUNTAINBLEU BLVD							STATE	MANUS IN THE		
SUITE 2G1 SUITE 2G1						8.00P99/			<i>7</i> 55	
MIAMI, FL 33172 MIAMI, FL 33172						1 (19)(8)(1)	1 8640 SISH COM BUILD SUID	(1.1.1.1.1) Il ese nt direction de la compansión de la		
2. Principal P	ace of Busir	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7 ₁₁₆₂₀₀₅	REIN-P	CR2E098 (6/04)		
City & State			City & State			4. FEI Numb	1642951	No	oplied For ot Applicable	
Zip 	A,	Country	Zip			·	of Status Desired	S8.75 Add Fee Require		
	o. Ivaine	and Address of Current I	negistered Agent	Name	7. Name and	Address of New Re	egisterec Agent			
RANGEL.	ADMAND	^			1421110				1	
1553 SW 7					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL					Condition (Condition of Not Neceptable)					
					City			FL Zip Code	e	
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. 1 am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and bitle of applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00								rith s. 607.193(2)(b), not receive the prior r		
10.		OFFICERS AND	DIRECTORS	11,		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
TITLE	P Delete				Ε			☐ Change	☐ Addition	
NAME	RANGEL	ARMANDO	builde	NAM						
STREET ADDRESS				ET ADDRESS	- E	300051	764348			
CITY-ST-ZIP	3027 SW 107 AVE MIAMI, FL 33165				-ST-ZIP	11/	29/050107:	764348 3023 **45	0.00 H	
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CITY-ST-ZIP				CITY	-ST-ZIP					
12. Thereby (certify that th	e information supplied with	this filing does not qualify for	the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes. I	further certify that the in	nformation	
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: DELLY SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Dayline Prone 4										
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