


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000134658</b>		
1. Entity Name <b>SOUTH GENERAL MEDICAL CENTER, INC.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 23 AM 8:06

Principal Place of Business <b>2921 SW 8 STREET MIAMI, FL 33135</b>	Mailing Address <b>2921 SW 8 STREET MIAMI, FL 33135</b>
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2. Principal Place of Business - No P.O. Box # <b>283 PARK BLVD</b>	3. Mailing Address <b>283 PARK BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02222007 REIN-P CR2E098 (1/07)

City & State <b>MIAMI FLORIDA</b>	City & State <b>MIAMI FLORIDA</b>
Zip <b>33126</b>	Country <b>USA</b>
Zip <b>33126</b>	Country <b>USA</b>

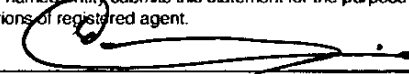
4. FEI Number <b>61-1477362</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>VEGUILLA, ELIEZER 3689 WS 153 PL MIAMI, FL 33185</b>	
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7. Name and Address of New Registered Agent	
Name <b>ELIEZER VEGUILLA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>283 PARK BLVD</b>	
City <b>MIAMI</b>	FL Zip Code <b>33126</b>

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.

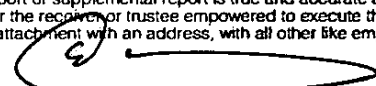
SIGNATURE  DATE **02/22/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VEGUILLA, ELIEZER 2921 SW 8 STREET MIAMI, FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<b>900089579629</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/27/07--01017--004 **300.00</b>
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
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
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
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:  DATE **02/22/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR