


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000139690		
1. Entity Name K.M. HOLLYWOOD MEDICAL CENTER, CORP.		

FILED
06 FEB -8 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6116 JOHNSON STREET HOLLYWOOD, FL 33024	Mailing Address 6116 JOHNSON STREET HOLLYWOOD, FL 33024
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2. Principal Place of Business 4831 NW 72 Ave.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State
Zip 33166	Country USA

6. Name and Address of Current Registered Agent MEDINA, KELVIN 6116 JOHNSON STREET HOLLYWOOD, FL 33024	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <i>Kelvin Medina</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$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	PD MEDINA, KELVIN 6116 JOHNSON STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Kelvin Medina</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

REINSTATEMENT 05-06
02/07/2008 REIN P CR2008 (11/05)