

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156847

1. Entity Name  
DADE MEDICAL OFFICE, INC.



Principal Place of Business  
860 S E 3RD PLACE  
HIALEAH, FL 33010

Mailing Address  
860 S E 3RD PLACE  
HIALEAH, FL 33010

2. Principal Place of Business

8150 SW 8ST

3. Mailing Address

Same

Suite, Apt. #, etc.

122

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Zip

33144

Country

USA

Zip

Country

02102006

REIN-P

CR2E098 (11/05)

4. FEI Number

651236696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIRABAL, OLGA L  
860 S E 3RD PLACE  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name OLGA L MIRABAL

Street Address (P.O. Box Number is Not Acceptable)

8150 SW 8ST

City Miami FL

FL

Zip Code

33144

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

*Olga L. Mirabal*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

TITLE PD  
NAME MIRABAL, OLGA L  
STREET ADDRESS 860 S E 3RD PLACE  
CITY-ST-ZIP HIALEAH, FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME OLGA L. Mirabal  
STREET ADDRESS 8150 SW 8ST  
CITY-ST-ZIP MIAMI FL 33144 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

*Olga L. Mirabal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #