2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 22, 2005
Secretary of State

DOCUMENT# P04000169543

Entity Name: CAS MEDICAL CENTER, INC.

Current Principal Place of Business:

P.O. BOX 28552
HIALEAH, FL 33002

New Principal Place of Business:

9065 SW 87 AVE
101
MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 28552
HIALEAH, FL 33002

New Mailing Address:

9065 SW 87 AVE
101
MIAMI, FL 33176

FEI Number: 87-0737088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANCHEZ, CARLOS ALBERTO
7757 W. 28TH AVE., STE. 7
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CARLOS ALBERTO SANCHEZ

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANCHEZ, CARLOS ALBERTO
Address: P.O. BOX 28552
City-St-Zip: HIALEAH, FL 33002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS ALBERTO SANCHEZ PD 11/22/2005

Electronic Signature of Signing Officer or Director — Date