2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVEL AND FILED

DOCUMENT # P05000014093

1. Entity Name
 CORDERO MEDICAL & DIAGNOSTIC CENTER CORP

06 NOV -9 PM 4:01

Daytime Phone Ir

						1	TEST !		CECRET	ARY OF	STATE							
Principal Place of Business 1818 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990			1818	Mailing Address 1818 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990			EINS	SECRET	ME	NT	062							
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2. Principal Place of Business			3. Mai	3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc				11082006	REIN-P	CR2E0	98 (11/05)								
City & State			City	City & State				4. FEI Numbe	अ		1 1	plied For						
Zıp	Country		Zıp	Zip Coun		яy		5. Certificate	of Status Desired		\$8.75 Add	itional						
6. Name and Address of Current Regis								7. Name and Address of New Registered Agent										
COPDEDO ELIX						Name												
CORDERO, FELIX 1818 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33990							Street Address (P.O. Box Number is Not Acceptable)											
						City				FL	Zip Code	9						
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. Lam familiar with, and accept																		
the obligations of registered agent																		
SIGNATURE X Jely Gordin																		
Signature, typed or printed risms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																		
FILE NOW!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00									In accordance v corporation did									
10. OFFICERS AND DIS				ECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11						
TOLE	PTD			Delete Ind							Change	Addition						
NAME CORDERO, FELIX STREET ADDRESS 1818 HANCOCK BRIDGE PARK			WAY	VAY STRE				11 776	000817	78,99	885,							
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NAME CZOCCZ ADDOCOC	CORDER	O, ZILIA NOOCK BRIDGE PARK	3414		NAS													
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	entify that th	e information supplied wit	n this filter	does not qualify fo			ntained	in Chanter 110	Florida Statutas I	iumber eer	ifu that the i-	domation						
indicated of the cor	on this repo poration or t	irt or supplemental report i the receiver or trustee emp	s true and owered to	accurate and that recently execute this report	ny signa as requ	sture shall h	12. I hereby certify that the information supplied with this filling 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 earlt; 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 attabhment with an address, with all other tike empowered.											