FROM:

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -9 PM 4:01

SEC

DOCUMENT # P06000016862

1. Entity Name
HEALTHY START MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
930 HIALEAH DR, SUITE 8 HIALEAH, FL 33010	930 HIALEAH DR, SUITE 8 HIALEAH, FL 33010

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09272006 REIN-P CR2E008 (11/05) 2006

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESPAILLAT, ELISSEO D 930 HIALEAH DR, SUITE 8 HIALEAH, FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Elisseo Espaillat
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when signed Attest) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $350.00

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 ESPAILLAT, ELISEO D 6898 NW 133 ST HIALEAH GARDENS, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800081301998 10/27/06--01053--015 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIRENA, ALFREDO R 5086 SW 162 AVENUE MIRAMAR, FL 33027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/27/06--01053--015 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENE DE LOS RIOS 930 HIALEAH DR, SUITE 8 HIALEAH, FL 33010 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800081301998 10/27/06--01053--016 **500.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 blank, with all other like empowered.

SIGNATURE: Elisseo Espaillat
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #