

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000044717 1. Entity Name CAMINO MEDICAL CENTER CORP.						FILED 07 MAY 21 PM 4:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 930 HIALEAH DR SUITE 15 HIALEAH, FL 33010				Mailing Address 930 HIALEAH DR SUITE 15 HIALEAH, FL 33010			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip				City & State Zip			
Country				Country			
4. FEI Number				☒ Applied For ☐ Not Applicable			
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, MANUEL L 1601 NW 30TH AVE MIAMI, FL 33125				7. Name and Address of New Registered Agent 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: <u><i>Manuel L Gonzalez</i></u> (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MANUEL L ☐ Delete 930 HIALEAH DR SUITE 15 HIALEAH, FL 33010			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800103902948 06/05/07--01028--001 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800103902948 06/05/07--01028--002 **150.00		
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		
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 address, with all other like empowered.							
SIGNATURE: <u><i>Manuel L Gonzalez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							