

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000063730

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** CERTIFIED MEDICAL CARE INC.

**Current Principal Place of Business:**

721 NW 29 STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

42 NW 27 TH AVE.  
SUITE 315  
MIAMI, FL 33125

**Current Mailing Address:**

721 NW 29 STREET  
MIAMI, FL 33127

**New Mailing Address:**

42 NW 27 TH AVE  
SUITE 315  
MIAMI, FL 33125

**FEI Number:** 20-2769870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEYVA, STEPHANIE  
19684 NW 86 CT.  
MIAMI, FL 33015 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: STEPHANIE LEYVA

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: PVST  
Name: LEYVA, STEPHANIE  
Address: 19684 NW 86 CT T  
City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE LEYVA

PVST

02/12/2010

Electronic Signature of Signing Officer or Director

Date