2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# P05000095546

Entity Name: SENPRI MEDICAL CENTER, INC.

Current Principal Place of Business:

2309 MARTIN LUTHER KING BLVD.
SUITE 4
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2309 MARTIN LUTHER KING BLVD.
SUITE 4
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-3125180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIAMO, LOZADA
2309 MLK BLVD
TAMPA, FL 33607 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: PRIAMO LOZADA

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: CABRERA, YUDEL
Address: 427 S RIVERHILLS
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete
Name: MIRANDA, LUIS
Address: 3105 MAGDALENE FORREST
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: LOZADA, PRIAMO
Address: 6225 N DALE MABRY HWY STE 1516
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MIRANDA, LUIS
Address: 3105 MAGDALENE FORREST
City-St-Zip: TAMPA, FL 33618

Title: P (X) Change ( ) Addition
Name: LOZADA, PRIAMO
Address: 6225 N DALE MABRY HWY STE 1516
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PRIAMO L;OZADA P 10/09/2007

Electronic Signature of Signing Officer or Director — Date