2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000120733

Entity Name: JOSE J CONTRERAS, MD, PA

FILED Jan 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1934 SW 151 PL 19140 ROYAL BIRKDALE DRIVE

MIAMI, FL 33185 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

19140 ROYAL BIRKDALE DRIVE 1934 SW 151 PL

MIAMI, FL 33185 MIAMI, FL 33015

FEI Number: 20-3446045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONTRERAS, JOSE J MD CONTRERAS, JOSE J MD 19140 ROYAL BIRKDALE DRIVE 1934 SW 151 PL. MIAMI, FL 33185 US MIAMI, FL 33015 US

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: JOSE J CONTRERAS 01/24/2007

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Title:

Address:

City-St-Zip:

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: () Delete CONTRERAS, JOSE J MD Name:

1934 SW 151 PL. Address: City-St-Zip: MIAMI, FL 33185

Title: () Delete VALLE, IVETTE MD Name:

1934 SW 151 PL. Address: MIAMI, FL 33185 City-St-Zip:

MIAMI, FL 33015

CONTRERAS, JOSE J MD

19140 ROYAL BIRKDALE DRIVE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

Name: VALLE, IVETTE MD

Address: 19140 ROYAL BIRKDALE DRIVE

MIAMI, FL 33015 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: IVETTE VALLE ST 01/24/2007