

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123880

Entity Name: LC MEDICAL CENTERS INC

FILED  
Nov 09, 2006  
Secretary of State

## Current Principal Place of Business:

7000 W 12 AVE STE 20  
HIEALEAH, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

7000 W 12 AVE STE 20  
HIEALEAH, FL 33014

## New Mailing Address:

FEI Number: 20-3452738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABRADOR, WILLIAM  
7000 W 12 AVE STE 20  
HIEALEAH, FL 33014 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: WILLIAM LABRADOR

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: P ( ) Delete  
Name: LABRADOR, ISMAEL  
Address: 7000 W 12 AVE STE 20  
City-St-Zip: HIEALEAH, FL 33014

Title: V ( ) Delete  
Name: LABRADOR, ARMANDO  
Address: 7000 W 12 AVE STE 20  
City-St-Zip: HIEALEAH, FL 33014

Title: S ( ) Delete  
Name: LABRADOR, WILLIAM  
Address: 7000 W 12 AVE STE 20  
City-St-Zip: HIEALEAH, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: WILLIAM LABRADOR

P

11/09/2006

Electronic Signature of Signing Officer or Director

Date