

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000129067

**FILED  
Feb 17, 2011  
Secretary of State**

**Entity Name:** D & O MEDICAL CENTER INC

**Current Principal Place of Business:**

4571 NW 7 STREET  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

4571 NW 7 STREET  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 20-3498988      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PEREZ-ESPINOSA, JUAN C  
4571 NW 7TH STREET  
MIAMI, FL 33126 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: JUAN C PEREZ ESPINOSA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ-ESPINOSA, JUAN C  
Address: 4575 NW 7TH STREET  
City-St-Zip: MIAMI, FL 33126 US

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: JUAN C PEREZ ESPINOSA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

02/17/2011

\_\_\_\_\_  
Date