

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000139365

1. Entity Name
HCA GROUP, INC.



FILED
2007 MAR -8 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2600 S DOUGLAS ROAD, PH-10
CORAL GABLES, FL 33134**

Mailing Address
**2600 S DOUGLAS ROAD, PH-10
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #
9016 SW 169 AVE

3. Mailing Address
9016 SW 169 AVE

Suite, Apt. #, etc.

03022007 REIN-P CR2E098 (1/07)

City & State
MIAMI FL

Zip
33196

Country
US

4. FEI Number
65-1262532

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOPEZ, LAZARO J ESQ.
2600 S DOUGLAS ROAD, PH-10
CORAL GABLES, FL 33134**

7. Name and Address of Now Registered Agent
Name
MARIA E CASTRO
Street Address (P.O. Box Number is Not Acceptable)
9016 SW 169 AVE
City
MIAMI **FL** Zip Code
33196

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **03/02/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, MARIA E 6745 SW 53 STREET MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO MARIA E 9016 SW 169 AVE MIAMI FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

B 3/12/07
REINSTATEMENT 16-07

400093757484
03/20/07--01012--011 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* **03/02/2007 (305) 408-4054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of the Filing