

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000152343

Entity Name: AA HEALTH CARE MEDICAL CENTER, INC.

FILED  
Oct 08, 2007  
Secretary of State

## Current Principal Place of Business:

1701 WEST FLAGLER ST  
SUITE 215  
MIAMI, FL 33135

## New Principal Place of Business:

8357 W FLAGLER ST  
SUITE 301  
MIAMI, FL 33144

## Current Mailing Address:

1701 WEST FLAGLER ST  
SUITE 215  
MIAMI, FL 33135

## New Mailing Address:

8357 W FLAGLER ST  
SUITE 301  
MIAMI, FL 33144

FEI Number: 20-3808661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, RAUL  
1701 WEST FLAGLER ST  
SUITE 215  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

RODRIGUEZ, RAUL  
8357 W FLAGLER ST  
SUITE 301  
MIAMI, FL 33144 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: RAUL RODRIGEZ

10/08/2007

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: PSD ( ) Delete  
Name: RODRIGUEZ, RAUL  
Address: 1701 WEST FLAGLER ST - SUITE 215  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: RODRIGUEZ, RAUL  
Address: 8357 W FLAGLER ST SUITE 301  
City-St-Zip: MIAMI, FL 33144

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: RAUL RODRIGEZ

PRES

10/08/2007

Electronic Signature of Signing Officer or Director

Date