

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000009516

Entity Name: R & M MEDICAL CENTER, CORP.

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

3750 W. 16 AVENUE
UNIT 130-U
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3750 W. 16 AVENUE
UNIT 130-U
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-4180347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, LUIS A
3750 W. 16 AVENUE
UNIT 130-U
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

RODRIGUEZ, JOSE
3750 W. 16 AVENUE
UNIT 130-U
HIALEAH, FL 33012 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 RODRIGUEZ

03/05/2008

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, LUIS A
Address: 3750 W. 16 AVENUE #130U
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: RODRIGUEZ, JOSE
Address: 3750 W. 16 AVENUE #130-U
City-St-Zip: HIALEAH, FL 33012

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: JOSE RODRIGUEZ

PSD

03/05/2008

Electronic Signature of Signing Officer or Director

Date