2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2007
Secretary of State

DOCUMENT# P06000011900

Entity Name: GA & S MEDICAL CENTER, INC.

Current Principal Place of Business:

1830 NW 7 ST STE 1008-1009
MIAMI, FL 33125

New Principal Place of Business:

5788 SW 8 STREET
MIAMI, FL 33134

Current Mailing Address:

1830 NW 7 ST STE 1008-1009
MIAMI, FL 33125

New Mailing Address:

5788 SW 8 STREET
MIAMI, FL 33134

FEI Number: 20-4191237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTISTEBAN, PEDRO
1830 NW 7 ST STE 1008-1009
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

SANTISTEBAN, PEDRO
5788 SW 8 STREET
MIAMI, FL 33134 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: PEDRO SANTIESTEBAN 10/18/2007
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: V ( ) Delete
Name: QUESADA, ALICIA
Address: 1830 NW 7 ST STE 1008-1009
City-St-Zip: MIAMI, FL 33125

Title: P ( ) Delete
Name: SANTISTEBAN, PEDRO
Address: 1830 NW 7 ST STE 1008-1009
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: QUESADA, ALICIA
Address: 5788 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

Title: P (X) Change ( ) Addition
Name: SANTISTEBAN, PEDRO
Address: 5788 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

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: PEDRO SANTIESTEBAN PRES 10/18/2007
Electronic Signature of Signing Officer or Director Date