

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000018940

Entity Name: K & J MEDICAL CENTER INC.

FILED
Oct 01, 2007
Secretary of State

Current Principal Place of Business:

331 N W 63 AVE
MIAMI, FL 33126

New Principal Place of Business:

5805 SW 8 STREET
MIAMI, FL 33144

Current Mailing Address:

331 N W 63 AVE
MIAMI, FL 33126

New Mailing Address:

5805 SW 8 STREET
MIAMI, FL 33144

FEI Number: 20-4280621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, JOAQUIN L
331 N W 63 AVE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MARTINEZ, JOAQUIN L
5805 SW 8 STREET
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: JOAQUIN L. MARTINEZ

10/01/2007

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: PS () Delete
Name: MARTINEZ, JOAQUIN L
Address: 331 N W 63 AVE
City-St-Zip: MIAMI, FL 33126

Title: V () Delete
Name: SAN MIGUEL, VIANY
Address: 2745 SW 92 AVE.
City-St-Zip: MIAMI, FL 33165

Title: T (X) Delete
Name: PAYRET, KARELYS
Address: 320 SW 98 CT.
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MARTINEZ, JOAQUIN L
Address: 5805 SW 8 STREET
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIANY SAN MIGUEL

VP

10/01/2007

Electronic Signature of Signing Officer or Director

Date