2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000033791

FILED Dec 04, 2008 Secretary of State

Entity Name: DIRECT MEDICAL CENTER, INC.					
Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	AGLER STRE	EET			
3E MIAMI, FL	33144 US				
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
	AGLER STRE	EET			
3E MIAMI, FL	33144 US				
FEI Number:	20-4469002	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MENDEZ, OSCAR D 15521 S.W. 8 LANE MIAMI, FL 33194 US			MENDEZ, OSCAR D 211 TO TO LO CHEE I HIALEAH, FL 33010	211 TO TO LO CHEE DR	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: OSCAR [MENDEZ		12/04/2008	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MENDEZ, OSC	LER STREET, #3E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	PADRON, JOH	LER STREET #3	Title: Name: Address: CitysSt-Zip:	() Change () Addition	

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: OSCAR D MENDEZ Ρ 12/04/2008