2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000040301

Entity Name: A MIRANDA MEDICAL CENTER, INC

FILED Oct 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 375 WEST 19 TH STREET HIALEAH, FL 33010 **Current Mailing Address: New Mailing Address:** 375 WEST 19 TH STREET 1645 W 41 ST # 1 HIALEAH, FL 33012 HIALEAH, FL 33010 FEI Number: 20-4536456 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: COLUMBIE, AILYN 375 WEST 19 STREET HIALEAH, FL 33010 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: AILYN COLIMBIE 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition COLUMBIE, AILYN Name: Name: 375 W. 19 STREET Address: Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete CARMONA, LAZARO A Name: Name: 375 WEST 19 STREET Address: Address: HIALEAH, FL 33010 City-St-Zip: 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: AILYN COLUMBIE PS 10/06/2009