

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000040619

Entity Name: ALPHA MEDICAL, INC.

FILED  
Feb 11, 2008  
Secretary of State

## Current Principal Place of Business:

10305 NW 41 STREET SUITE 111  
MIAMI, FL 33178

## New Principal Place of Business:

701 NW 57 AVENUE  
2ND FLOOR  
MIAMI, FL 33126 US

## Current Mailing Address:

10305 NW 41 STREET SUITE 111  
MIAMI, FL 33178

## New Mailing Address:

701 NW 57 AVENUE  
2ND FLOOR  
MIAMI, FL 33126 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROCHETEAU, RALPH  
10305 NW 41 STREET SUITE 111  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

SOSA, MIGDALINA  
1225 SW 94 COURT  
MIAMI, FL 33174 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: MIGDALINA SOSA

02/11/2008

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: PD ( ) Delete  
Name: CABRERA, SERGIO F  
Address: 14350 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186  
  
Title: D (X) Delete  
Name: ROCHETEAU, RALPH  
Address: 10305 NW 41 STREET SUITE 111  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SOSA, MIGDALINA  
Address: 1225 SW 94 COURT  
City-St-Zip: MIAMI, FL 33174 US  
  
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: MIGDALINA SOSA

PSTD

02/11/2008

Electronic Signature of Signing Officer or Director

Date