2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 27, 2007
Secretary of State

DOCUMENT# P06000063421

Entity Name: FLORIDA ONE MEDICAL CENTER, CORP.

Current Principal Place of Business:

4595 NW 7 ST
MIAMI, FL 33126

New Principal Place of Business:

1835 E HALLENDALE BEACH BLVD
SUITE 410
HALLENDALE, FL 33009

Current Mailing Address:

4595 NW 7 ST
MIAMI, FL 33126

New Mailing Address:

1835 E HALLENDALE BEACH BLVD
SUITE 410
HALLENDALE, FL 33009

FEI Number: 03-0590474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, PEDRO
4595 NW 7 ST
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

RAMOS, PEDRO
1835 E HALLENDALE BEACH BLVD
SUITE 410
HALLENDALE, FL 33009 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 RAMOS 09/27/2007
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: PD ( ) Delete
Name: RAMOS, PEDRO
Address: 4595 NW 7 ST
City-St-Zip: MIAMI, FL 33126

Title: V ( ) Delete
Name: HURTADO, ISABEL
Address: 4595 NW 7 ST
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMOS, PEDRO
Address: 1835 E HALLENDALE BEACH BLVD
City-St-Zip: HALLENDALE, FL 33009

Title: V (X) Change ( ) Addition
Name: HURTADO, ISABEL
Address: 1835 E HALLENDALE BEACH BLVD
City-St-Zip: HALLENDALE, FL 33009

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 RAMOS P 09/27/2007
Electronic Signature of Signing Officer or Director Date