2008 FOR PROFIT CORPORATION REINSTATEMENT

NAME STREET ADDRESS CITY-ST-ZIP HAMI, FL 33186 NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 NAME STREET ADDRESS CITY-ST-ZIP 10/31/08-01018-005 **150,00	DOCUMENT # P06000083335 1. Entity Name M & A MEDICAL SERVICES PLUS, INC.							FILED CT31 PM 4:		
Suite, Apt. #, etc. Suite, Apt. #, etc.	14055 SW 142 AVENUE #22 14055 SW 142 AVEN			JE #22			Lon FALL 2	CLANE UN ST MASSEE, FLO	ATE RIDA	
City & State Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address							and the second s		
20-5522869	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10302008	INSIAIE	CRZE098 (1/07)	08	
S. Conflicted of Status Desired	City & State	9	City & State			1				
Name	Zip	, , <u>, , , , , , , , , , , , , , , , , </u>		Country	y	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)	Name and Address of Current Registered Agent									
B. The above named entity (blowing his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sprature, My to order have of Govern and life if applicable. (MOTE: Registered Agent signature required when releasating) FILE NOWITE FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE IMME HERNANDEZ, MIRIAM G. 14055 SW 142 AVENUE #22 MIAMI, FL 33186 ITILE MAKE STREET ADDRESS CITY-ST-2P MINUS STREET ADDRESS CITY-ST-2P ITILE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STRE	14055 SW 142 AVENUE #22				Street Address (P.O. Box Number is Not Acceptable)					
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After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HERNANDEZ, MIRIAM G	SIGNATURE // 12/30/57									
TITLE NAME HERNANDEZ, MIRIAM G Delete MAKE Change Addition	" accordance that a. cor. too(z)(b), r.c., tie								F.S., the notice.	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my 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 in Block 10 or Block 11 if charged, or on an attachment with an address, Julia all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	T- ZIP			_ ,		
SIGNATURE: SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND THE OFFICER OF DIRECTOR SIGNATURE AND THE OFFICER OF DIRECTOR Date										