2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 20, 2007
Secretary of State

DOCUMENT# P06000088926

Entity Name: YOUR HEALTH MEDICAL CENTER,INC.

Current Principal Place of Business:

5829 SW 8 ST
MIAMI, FL 33144

New Principal Place of Business:

510 TAMIAMI CANAL ROAD
MIAMI, FL 33144

Current Mailing Address:

5829 SW 8 ST
MIAMI, FL 33144

New Mailing Address:

510 TAMIAMI CANAL ROAD
MIAMI, FL 33144

FEI Number: 20-5151734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUIROS, JOSE J
444 SW 64 CT
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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: JOSE J QUIROS

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: P ( ) Delete
Name: BURON, LUIS M
Address: 5829 SW 8 ST
City-St-Zip: MIAMI,, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURON, LUIS M
Address: 510 TAMIAMI CANAL ROAD
City-St-Zip: MIAMI,, FL 33144

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: LUIS M. BURON P 11/20/2007

Electronic Signature of Signing Officer or Director — Date