## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000128609

**Entity Name: DADE COUNTY NURSES INCORPORATED** 

**FILED** Oct 31, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1250 NW 7TH STREET, #201 1250 NW 7TH STREET MIAMI, FL 33125

201

MIAMI, FL 33125

**Current Mailing Address: New Mailing Address:** 

1250 NW 7TH STREET, #201 1250 NW 7TH STREET MIAMI, FL 33125

MIAMI, FL 33125

FEI Number: 65-1294338 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:

GONZALEZ, PURA M GONZALEZ, PURA M 1250 NW 7TH STREET, #201 1250 NW 7TH STREET MIAMI, FL 33125 201 MIAMI, FL 33125 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: PURA GONZALEZ 10/31/2008

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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: ( ) Change (X) Addition GONZALEZ, PURA M Name: Name: Address: 1250 NW 7 ST, SUITE 201 Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33125

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.

Ρ SIGNATURE: PURA GONZALEZ 10/31/2008