2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000133458

FILED Dec 19, 2008 Secretary of State

Entity Name: METROPOLITAN HEALTH COMMUNITY SERVICES CORPORATION

Current Principal Place of Business: New Principal Place of Business: 5959 NW 7 TH STREET MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 5959 NW 7TH STREET MIAMI, FL 33126 FEI Number: 20-5747296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: B & C CORPORATE SERVICES, INC ONE BISCAYNE TOWER - 21ST FLOOR 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 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: JIM GEORGATOS 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 () Change () Addition ARTAU GOMEZ, EDUARDO Name: Name: P.O. BOX 2087 Address: Address: City-St-Zip: ARECIBO, PR 00613 City-St-Zip: Title: Title: () Delete () Change () Addition ARTAU FELICIANO, KAREN Name: Name: P.O. BOX 2087 Address: Address: City-St-Zip: ARECIBO, PR 00613 City-St-Zip: Title: Title: () Delete () Change () Addition FELICIANO VARGAS, CARMEN Name: Name: P.O. BOX 2087 Address: Address: City-St-Zip: ARECIBO, PR 00613 City-St-Zip: Title: () Delete Title: () Change () Addition ARTAU FELICIANO, EDUARDO Name: Name: Address: P.O. BOX 2087 Address: City-St-Zip: ARECIBO, PR 00613 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: VIVIAN ACEVEDO CFO 12/19/2008