

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000133458

FILED
Oct 13, 2009
Secretary of State

Entity Name: METROPOLITAN HEALTH COMMUNITY SERVICES CORPORATION

Current Principal Place of Business:

5959 NW 7 TH STREET
MIAMI, FL 33126 US

New Principal Place of Business:

5959 NW 7 STREET
MIAMI, FL 33126 US

Current Mailing Address:

5959 NW 7TH STREET
MIAMI, FL 33126 US

New Mailing Address:

5959 NW 7 STREET
MIAMI, FL 33126 US

FEI Number: 20-5747296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, AGUSTIN
5959 NW 7 TH STREET
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

GONZALEZ, AGUSTIN
5959 NW 7 STREET
MIAMI, FL 33126 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: AGUSTIN GONZALEZ

10/13/2009

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: ARTAU GOMEZ, EDUARDO
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: V () Delete
Name: ARTAU FELICIANO, KAREN
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: S () Delete
Name: FELICIANO VARGAS, CARMEN
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

Title: T () Delete
Name: ARTAU FELICIANO, EDUARDO
Address: P.O. BOX 2087
City-St-Zip: ARECIBO, PR 00613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: AGUSTIN GONZALEZ

VP

10/13/2009

Electronic Signature of Signing Officer or Director

Date