


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000134037		
1. Entity Name SS MEDICAL SERVICES CORP		

2007 SEP 19 PM 2:06
SEC. OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 311 NE 8TH ST. MIAMI, FL 33030	Mailing Address 311 NE 8TH ST. MIAMI, FL 33030
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2. Principal Place of Business - No P.O. Box # 311 NE 8 ST	3. Mailing Address SAME
Suite, Apt. #, etc. SUITE 108	Suite, Apt. #, etc.
City & State HOMESTEAD	City & State
Zip 33030	Country USA

09182007 REIN-P CR2E098 (1/07)

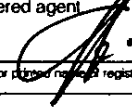
6. Name and Address of Current Registered Agent SORIANO, JOSE A 1624 SW 19TH TERR. MIAMI, FL 33145	
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4. FEI Number 26-0643313	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Gilberto Valderrama	
Street Address (P.O. Box Number is Not Acceptable) 311 NE 8 ST SUITE 108	
City HOMESTEAD	FL Zip Code 33030

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **9-18-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALDERRAMA, GILBERTO 311 NE 8 ST MIAMI, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Gilberto Valderrama 311 NE 8 ST SUITE 108 HOMESTEAD, FL, 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 true 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **9-18-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 19 2007