

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000134079

Entity Name: E & M HEALTH CARE CENTER INC.

FILED
Oct 24, 2007
Secretary of State

Current Principal Place of Business:

24241 SW 113 PASS
MIAMI, FL 33032

New Principal Place of Business:

12855 SW 132 ST
102
MIAMI, FL 33186

Current Mailing Address:

24241 SW 113 PASS
MIAMI, FL 33032

New Mailing Address:

12855 SW 132 ST
102
MIAMI, FL 33032

FEI Number: 26-0252263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTIEL, MARIA L
13765 SW 154 STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

PEREIRA, ERICKA
24241 SW 113 PASS
HOMESTEAD, FL 33032 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: ERICKA PEREIRA

10/24/2007

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: PEREIRA, ERICKA
Address: 24241 SW 113 PASS
City-St-Zip: MIAMI, FL 33032

Title: V () Delete
Name: MONTIEL, MARIA L
Address: 13765 SW 154 STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREIRA, ERICKA
Address: 24241 SW 113 PASS
City-St-Zip: HOMESTEAD, FL 33032

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: ERICKA PEREIRA

P

10/24/2007

Electronic Signature of Signing Officer or Director

Date