

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000145394

1. Entity Name  
AHKA MEDICAL CENTER CORP.



FILED

2008 APR -7 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8370 W FLAGLER ST STE 222  
MIAMI, FL 33144

Mailing Address  
8370 W FLAGLER ST STE 222  
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #  
10454 NW 31 terr  
Suite, Apt. #, etc.

3. Mailing Address  
10454 NW 31 terr  
Suite, Apt. #, etc.



04042008 REIN-P CR2E098 (1/07)

City & State  
miami FL  
Zip  
33172 Country  
DADE

City & State  
miami FL  
Zip  
33172 Country  
DADE

4. FEI Number  
208190884  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILTZ, OTHON  
16349 SW 76 ST  
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name  
RALES PEADOMO  
Street Address (P.O. Box Number is Not Acceptable)  
10454 NW 31 terr  
City  
miami FL Zip Code  
33172

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

*[Signature]*

Signature of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WILTZ, OTHON  
8370 W FLAGLER ST STE 222  
MIAMI, FL 33144 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
RALES PEADOMO  
10454 NW 31 terr  
miami FL 33172 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000122452620  
04/07/08--01019--012 \*\*300.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-08

Date

Daytime Phone #

4/7  
ad