

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 19, 2009  
Secretary of State**

DOCUMENT# P06000148707

Entity Name: L. A. KAY MEDICAL CORP

**Current Principal Place of Business:**

1726 N.W. 36 STREET  
#23  
MIAMI, FL 33142 FL

**New Principal Place of Business:**

**Current Mailing Address:**

1726 N.W. 36 STREET  
#23  
MIAMI, FL 33142 FL

**New Mailing Address:**

FEI Number: 20-5973953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALAZAR, ARMANDO  
1726 N.W. 36 STREET  
#23  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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: ARMANDO SALAZAR

\_\_\_\_\_  
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: SALAZAR, ARMANDO  
Address: 1726 NW 36 STREET #23  
City-St-Zip: MIAMI, FL 33142 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ARMANDO SALAZAR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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11/19/2009

\_\_\_\_\_  
Date