

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 26 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000000334

1. Corporation Name

SAN CARLOS MEDICAL CENTER, CORP.

2. Principal Office Address - No P.O. Box #

11510 SW 92 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

3. Mailing Office Address

11510 SW 92 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2007

5. FEI Number  
20-8132980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
AARON, JAY

Street Address (P.O. Box Number is Not Acceptable)  
11510 SW 92 STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33176

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/09/2009

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	AARON, JAY	11510 SW 92 STREET	MIAMI, FL 33176
S,D	AARON, ERIKA	11510 SW 92 STREET	MIAMI, FL 33176
T,D	AARON, MARIA O.	11510 SW 92 STREET	MIAMI, FL 33176

**REINSTATEMENT**

**RH**

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JAY AARON, PRES.

10/09/2009

239-454-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #