## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000006959

FILED Nov 19, 2009 Secretary of State

Entity Name: SOUTH FLORIDA MOBILE MEDICAL CARE INC.

| Entity Nar   | ne: SOUTH F                               | LORIDA MOBILE MEDICAL C  | ARE, INC.                                   |   |  |
|--|---|--|---|---|--|
| Current Principal Place of Business:               |   |  | New Principal Place                         | New Principal Place of Business:        |  |
| 1321 NW 1<br>SUITE 203<br>MIAMI, FL                |   |  |   |   |  |
| Current Mailing Address:                           |   |  | New Mailing Addres                          | New Mailing Address:                    |  |
| 1321 NW 1<br>SUITE 203<br>MIAMI, FL<br>FEI Number: | 33125 US                                  | FEI Number Applied For()   | FEI Number Not Applicable()                 | Certificate of Status Desired()         |  |
|  |   | urrent Registered Agent:   |   | of New Registered Agent:                |  |
| The above in the State                             | 33125 US<br>named entity s<br>of Florida. | ubmits this statement for the p  | ourpose of changing its registere           | ed office or registered agent, or both, |  |
| Electronic Signature of Registered Agent           |   |  | ent   | Date                                    |  |
| Election Can                                       |   | 3(2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ).<br>FORS: | ·   | ES TO OFFICERS AND DIRECTORS:           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | ESPAILLAT, ÀĹI                            | STREET SUITE 203   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | BERMEJO-ESP.                              | Delete<br>AILLAT, ROSANNA<br>STREET SUITE 203<br>25 US                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |  |

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: ROSANNA BERMEJO ESPAILLAT VP 11/19/2009