

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000023143

Entity Name: PONCE HEALTH GROUP, INC.

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

2720 SW 97TH AVE., SUITE 104
MIAMI, FL 33165

New Principal Place of Business:

2720 SW 97TH AVE.,
SUITE-104
MIAMI, FL 33165

Current Mailing Address:

2720 SW 97TH AVE., SUITE 104
MIAMI, FL 33165

New Mailing Address:

2720 SW 97TH AVE.,
SUITE-104
MIAMI, FL 33165

FEI Number: 20-8509873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PONCE, MARIELA R.N.
4444 SW 136 PLACE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

PONCE, MARIELA R.N.
14470 SW 22 ST
MIAMI, FL 33175 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: MARIELA PONCE

09/29/2009

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: PONCE, MARIELA R.N.
Address: 9780 SW 24 STREET
City-St-Zip: MIAMI, FL 33165

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: MARIELA PONCE

RN

09/29/2009

Electronic Signature of Signing Officer or Director

Date