2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000037729

Entity Name: F & B MEDICAL CORPORATION

FILED Mar 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5721 SW 9 TERRACE 14508 S.W. 156 TERR WEST MIAMI, FL 33144 MIAMI, FL 33177

Current Mailing Address: New Mailing Address:

5721 SW 9 TERRACE 14508 S.W. 156 TERR WEST MIAMI, FL 33144 MIAMI, FL 33177

FEI Number: 20-8701237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOPEZ, MARTIZA
5721 SW 9 TERRACE
WEST MIAMI, FL 33144 US
LOPEZ, MARTIZA
14508 S.W. 156 TERR
MIAMI, FL 33177 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: MARITZA LOPEZ 03/28/2009

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 Title: P (X) Change () Addition

 Name:
 LOPEZ, MARITZA C
 Name:
 LOPEZ, MARITZA C

 Address:
 5721 SW 9 TERRACE
 Address:
 14508 S.W. 156 TERR

 City-St-Zip:
 WEST MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33177

Title: VP () Delete Title: VP (X) Change () Addition Name: LAGO, FABIAN Name: LAGO, FABIAN

 Name:
 LAGO, FABIAN
 Name:
 LAGO, FABIAN

 Address:
 5721 SW 9 TERRACE
 Address:
 14508 S.W. 156 TERR

 City-St-Zip:
 WEST MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33177

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 LAGO, BERNALDO
 Name:
 LAGO, BERNALDO

 Address:
 5721 SW 9 TERRACE
 Address:
 14508 S.W. 156 TERR

 City-St-Zip:
 WEST MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33177

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: MARITZA LOPEZ PRES 03/28/2009