2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# P07000057328

Entity Name: ELEVATION MEDICAL CENTER INC.

Current Principal Place of Business:

2925 10TH AVE NORTH
SUITE# 201 C
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2925 10TH AVE NORTH
SUITE# 201 C
LAKE WORTH, FL 33461

New Mailing Address:

PO BOX 28075
HIALEAH, FL 33002

FEI Number: 36-4610149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUEROA, COSETTE P
2925 10TH AVE NORTH
SUITE # 201 C
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

CASTILLO, GLORIA P
2925 10TH AVE NORTH
SUITE # 201 C
LAKE WORTH, FL 33461 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: GLORIA CASTILLO 01/04/2010
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: PD
Name: CASTILLO, GLORIA P
Address: 2925 10TH AVE NORTH # 201 C
City-St-Zip: LAKE WORTH, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: GLORIA CASTILLO P 01/04/2010
Electronic Signature of Signing Officer or Director Date