

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000084957

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** A & C MEDICAL CENTER SERVICES, CORP.

**Current Principal Place of Business:**

8150 SW 8 ST. SUITE 114  
MIAMI, FL 33144

**New Principal Place of Business:**

2550 NW 72 AVE. SUITE 208  
MIAMI, FL 33122

**Current Mailing Address:**

8150 SW 8 ST. SUITE 114  
MIAMI, FL 33144

**New Mailing Address:**

2550 NW 72 AVE. SUITE 208  
MIAMI, FL 33122

**FEI Number:** 77-0693913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, REINIER  
8150 SW 8 ST., STE 114  
MIAMI, FL 33144 US

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

RODRIGUEZ, REINIER  
2550 NW 72 AVE. SUITE 208  
MIAMI, FL 33122 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: REINIER RODRIGUEZ

09/30/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, REINIER  
Address: 2550 NW 72 AVE. SUITE 208  
City-St-Zip: MIAMI, FL 33122

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: REINIER RODRIGUEZ

P

09/30/2014

Electronic Signature of Signing Officer or Director

Date