2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000119690

Entity Name: NATIVIDAD HEALTH CARE CORP

FILED Nov 23, 2008 Secretary of State

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

6901 NW 179TH STREET 17200 NW 48 PL

#202 MIAMI GARDENS, FL 33055

HIALEAH, FL 33015

Current Mailing Address: New Mailing Address:

6901 NW 179TH STREET 17200 NW 48 PL

#202 MIAMI GARDENS, FL 33055 HIALEAH, FL 33015

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

RAMOS, NATIVIDAD N
6901 NW 179TH ST
17200 NW 48 PL

#202 MIAMI GARDENS, FL 33055 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: NATIVIDAD N. RAMOS 11/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: RN (X) Change () Addition

 Name:
 RAMOS, NATIVIDAD N
 Name:
 RAMOS, NATIVIDAD N

 Address:
 6901 W 179TH STREET, #202
 Address:
 17200 NW 48 PL

City-St-Zip: HIALEAH, FL 33015 City-St-Zip: MIAMI GARDENS, FL 33055

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: NATIVIDAD N. RAMOS RN 11/23/2008