

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000005963

**FILED**  
**Dec 17, 2010**  
**Secretary of State**

**Entity Name:** ALLIANCE MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

14355 SW 120 ST.  
STE. 101  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14355 SW 120 ST.  
STE. 101  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 26-1851481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, MARTIN  
14355 SW 120 ST.  
STE. 101  
MIAMI, FL 33186 US

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

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: MARTIN GONZALEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GONZALEZ, MARTIN  
Address: 9870 SW 66TH STREET  
City-St-Zip: MIAMI, FL 33173

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: MARTIN GONZALEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

12/17/2010

\_\_\_\_\_  
Date