

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000006770

FILED
Oct 12, 2009
Secretary of State

Entity Name: WESTERN COMMUNITIES INTERNAL MEDICINE, CORP.

Current Principal Place of Business:

11111 LAUREL WALK RD.
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

11111 LAUREL WALK RD.
WELLINGTON, FL 33449

New Mailing Address:

FEI Number: 26-1787150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUOTT, COLLEEN E ESQ.
4300 N. UNIVERSITY DR.
SUITE D-106
LAUDERHILL, FL 33351 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: HUOTT COLLEEN ESQ

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: D () Delete
Name: GUILLEN, MARIO DR.
Address: 11111 LAUREL WALK RD.
City-St-Zip: WELLINGTON, FL 33449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUILLEN MARIO DR

D

10/12/2009

Electronic Signature of Signing Officer or Director

Date