

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000007487

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SUMA HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

12030 SW 6TH STREET  
MIAMI, FL 33184 US

**New Principal Place of Business:**

11195 SW 1 STREET  
315  
MIAMI, FL 33174 US

**Current Mailing Address:**

12030 SW 6TH STREET  
MIAMI, FL 33184 US

**New Mailing Address:**

11195 SW 1 STREET  
315  
MIAMI, FL 33174 US

**FEI Number:** 26-1817986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAXPLUS AND ACCOUNTING INC  
4445 W 16 AVE  
302-406  
HIALEAH, FL 33012 US

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

PAZ ACCOUNTING INSTITUTE CORPORATION  
35 SW 114 AVENUE  
205  
MIAMI, FL 33174 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:** SABAS L. CRUZ

01/08/2010

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: P  
Name: SUAREZ, MADAI  
Address: 11195 SW 1 STREET #315  
City-St-Zip: MIAMI, FL 33174

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:** MADAI SUAREZ

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date