

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000038121

FILED
Dec 10, 2009
Secretary of State

Entity Name: INTEGRATE MEDICAL INSTITUTE OF MIAMI, INC.

Current Principal Place of Business:

287 PARK BLVD
SUITE B
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

287 PARK BLVD
SUITE B
MIAMI, FL 33126

New Mailing Address:

FEI Number: 80-0173228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIEZER, VEGUILLA DR
287 PARK BLVD
MIAMI, FL 33126 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: DR. ELIEZER VEGUILLA

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 () Delete
Name: ROSELL, JOSE A DR
Address: 287 PARK BLVD STE B
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROSELL, JOSE A DR
Address: 287 PARK BLVD STE B
City-St-Zip: MIAMI, FL 33126

Title: P () Change (X) Addition
Name: PORRELLO, LUCAS A MD
Address: 287 PARK BLVD STE B
City-St-Zip: MIAMI, FL 33126

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: DR. JOSE A ROSELL

VP

12/10/2009

Electronic Signature of Signing Officer or Director

Date