2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2012
Secretary of State

DOCUMENT# P08000058529

Entity Name: NEW MEDICAL INSTITUTE INC

Current Principal Place of Business:

900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 45-4654940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ ESPINOSA, JUAN C
900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

PEREZ ESPINOSA, JUAN
900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012 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: JUAN PEREZ ESPINOSA 10/08/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PEREZ-ESPINOSA, JUAN C
Address: 900 W. 49TH ST, SUITE 308
City-St-Zip: HIALEAH, FL 33012

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: JUAN PEREZ ESPINOSA PD 10/08/2012
Electronic Signature of Signing Officer or Director Date