

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000095034

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** MIAMI INTERNATIONAL DIAGNOSTICS, INC.

**Current Principal Place of Business:**

1408 N PIEDMONT WAY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

160 NW 170TH STREET  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

1408 N PIEDMONT WAY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

PO BOX 530543  
MIAMI SHORES, FL 33153

**FEI Number:** 26-3612601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

GROPPER, ADAM S MD  
160 NW 170TH STREET  
NORTH MIAMI, FL 33169 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: ADAM S. GROPPER, MD

02/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MGRM  
Name: GROPPER, ADAM S MD  
Address: PO BOX 530543  
City-St-Zip: MIAMI SHORES, FL 33153

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: ADAM S. GROPPER, MD

MGRM

02/02/2010

Electronic Signature of Signing Officer or Director

Date