

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000099637

**FILED**  
**Oct 30, 2010**  
**Secretary of State**

**Entity Name:** MIDTOWN MIAMI MEDICAL INC

**Current Principal Place of Business:**

225 NE 34 ST  
SUITE 207  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 NE 34 ST  
SUITE 207  
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number:** 26-3674127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALPTER GITKIN LLP  
200 S ANDREWS AVE  
SUITE 503  
FT LAUDERDALE, FL 33301 US

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

KEVIN, BLAKENEY M  
225 NE 34TH ST  
SUITE 207  
MIAMI, FL 33137 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: KEVIN BLAKENEY

10/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: BLAKENEY, KEVIN  
Address: 225 NE 34 ST SUITE 207  
City-St-Zip: MIAMI, FL 33137 US

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: KEVIN BLAKENEY

CEO

10/30/2010

Electronic Signature of Signing Officer or Director

Date