

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000109260

**FILED**  
**Oct 30, 2013**  
**Secretary of State**

**Entity Name:** EXELSIOR MEDICAL CENTER, INC.

**Current Principal Place of Business:**

951 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

951 NE 167TH STREET, STE102  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

951 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

951 NE 167TH STREET, STE102  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 26-3884084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIRO, LOURDES M  
951 NE 163TH STREET, STE 102  
NORTH MIAMI BEACH, FL 33162 US

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

TIRADO, ALEXANDER M  
951 NE 163TH STREET, STE 102  
NORTH MIAMI BEACH, FL 33162 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: ALEXANDER TIRADO

10/30/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DWYER, GRACE A MD  
Address: 951 NE 167TH STREET, STE 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D  
Name: TIRADO, ALEXANDER PA  
Address: 951 NE 167TH STREET, STE 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33165 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: ALEXANDER TIRADO

D

10/30/2013

Electronic Signature of Signing Officer or Director

Date