

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000044680

**FILED**  
**Aug 29, 2013**  
**Secretary of State**

**Entity Name:** WESTVIEW MEDICAL SERVICES, INC

**Current Principal Place of Business:**

8045 NW 36 ST  
STE 535  
DORAL, FL 33166

**New Principal Place of Business:**

20295 NW 2ND AVE  
STE 219  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

8045 NW 36TH ST  
STE 535  
DORAL, FL 33166

**New Mailing Address:**

20295 NW 2ND AVE  
STE 219  
MIAMI GARDENS, FL 33169

**FEI Number:** 27-1963048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTRADA, GUILLERMO  
8045 NW 36 ST  
STE 535  
DORAL, FL 33166 US

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

ESTRADA, GUILLERMO  
20295 NW 2ND AVE  
STE 219  
MIAMI GARDENS, 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:** GUILLERMO ESTRADA

08/29/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ESTRADA, GUILLERMO  
**Address:** 20295 NW 2ND AVE STE 219  
**City-St-Zip:** MIAMI GARDENS, FL 33169

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:** GUILLERMO ESTRADA

P

08/29/2013

Electronic Signature of Signing Officer or Director

Date