

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000065450

FILED
Jan 03, 2011
Secretary of State

Entity Name: LA MAISON MEDICAL PRACTICE, INC.

Current Principal Place of Business:

6595 NW 36 ST, STE 200
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522215
MIAMI, FL 33152

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, MAYLIN
6595 NW 36 ST, STE 200
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: MAYLIN VALDES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: VALDES, MAYLIN
Address: 6595 NW 36 ST, STE 200
City-St-Zip: MIAMI, FL 33166 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: MAYLIN VALDES

Electronic Signature of Signing Officer or Director

PSD

01/03/2011

Date