

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000073260

FILED
Oct 05, 2011
Secretary of State

Entity Name: ORIENTAL MEDICAL CENTER MAI TAR INC.

Current Principal Place of Business:

8815 CONROY WINDERMERE ROAD
BOX 416
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

8815 CONROY WINDERMERE ROAD
BOX 416
ORLANDO, FL 32835

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KERLEW, MICHAEL
2213 E ATLANTIC BOULEVARD
POMPANO BEACH, FL 33062 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: M.KERLEW

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FIGEL, VIKI
Address: 8815 CONROY WINDERMERE ROAD BOX 416
City-St-Zip: ORLANDO, FL 32835

Title: VD
Name: FIGEL, PATRICK
Address: 8815 CONROY WINDERMERE ROAD BOX 416
City-St-Zip: ORLANDO, FL 32835

Title: TD
Name: FIGEL, MARE
Address: 8815 CONROY WINDERMERE ROAD BOX 416
City-St-Zip: ORLANDO, FL 32835

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: MARE FIGEL

Electronic Signature of Signing Officer or Director

TD

10/05/2011

Date