

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000082196

FILED
Dec 03, 2010
Secretary of State

Entity Name: MEDICAL PROVIDERS OF SOUTH FLORIDA INC

Current Principal Place of Business:

6825 NW 173RD DRIVE
SUITE S202
HIALEAH, FL 33015

New Principal Place of Business:

12401 ORANGE DRIVE
SUITE 132
DAVIE, FL 33330

Current Mailing Address:

6825 NW 173RD DRIVE
SUITE S202
HIALEAH, FL 33015

New Mailing Address:

12401 ORANGE DRIVE
SUITE 132
DAVIE, FL 33330

FEI Number: 27-0720319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNES, LEONA PRES
6825 NW 173RD DRIVE
S202
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

BARNES, LEONA PRES
12401 ORANGE DRIVE
SUITE 132
DAVIE, FL 33330 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: LEONA BARNES

12/03/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BARNES, LEONA PRES
Address: 12401 ORANGE DRIVE SUITE 132
City-St-Zip: DAVIE, FL 33330

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: LEONA BARNES

PRES

12/03/2010

Electronic Signature of Signing Officer or Director

Date