

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000030058

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** C & M HEALTH CARE MANAGEMENT INC.

**Current Principal Place of Business:**

16780 SW 78 PLACE  
MIAMI, FL 33157

**New Principal Place of Business:**

7000 SW 97 AVE  
SUITE 110  
MIAMI, FL 33173

**Current Mailing Address:**

16780 SW 78 PLACE  
MIAMI, FL 33157

**New Mailing Address:**

7000 SW 97 AVE  
SUITE 110  
MIAMI, FL 33173

**FEI Number:** 27-2377912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINS, MARIA  
16780 SW 78 PLACE  
MIAMI, FL 33157 US

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

MARTINS, MARIA  
7000 SW 97 AVE  
SUITE 110  
MIAMI, FL 33173 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: MARIA MARTINS

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINS, MARIA  
Address: 7000 SW 97 AVE  
City-St-Zip: MIAMI, FL 33173

Title: V  
Name: MARTINS, JOAO C  
Address: 7000 SW 97 AVE  
City-St-Zip: MIAMI, FL 33173

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: MARIA MARTINS

P

03/08/2012

Electronic Signature of Signing Officer or Director

Date