2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 06, 2012
Secretary of State

DOCUMENT# P10000040317

Entity Name: PROFESSIONAL CARE MEDICAL CENTER INC.

Current Principal Place of Business:

4790 NW 7 ST
SUITE #104
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4790 NW 7 ST
SUITE #104
MIAMI, FL 33126

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:

VALERA, LIANSY
4790 NW 7 ST
SUITE #104
MIAMI, FL 33126 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: LIANSY VALERA

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VALERA, LIANSY
Address: 4790 NW 7 ST, SUITE #104
City-St-Zip: MIAMI, FL 33126

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: LIANSY VALERA PD 08/06/2012

Electronic Signature of Signing Officer or Director — Date