

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000041303

FILED
Mar 01, 2012
Secretary of State

Entity Name: MED-CLINIC HEALTH CARE INC.

Current Principal Place of Business:

3971 ADRA AVE
DORAL, FL 33178

New Principal Place of Business:

9588 NW 41 STREET
DORAL, FL 33178

Current Mailing Address:

3971 ADRA AVE
DORAL, FL 33178

New Mailing Address:

9588 NW 41 STREET
DORAL, FL 33178

FEI Number: 80-0591547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, JOSE
10255 NW 9 ST CIR
403
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

RAMIREZ, JOSE
640 NW 133 CT
MIAMI, FL 33182 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: JOSE RAMIREZ

03/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RAMIREZ, JOSE
Address: 640 NW 133 COURT
City-St-Zip: MIAMI, FL 33182

Title: VP
Name: PEREZ, MERCEDES
Address: 640 NW 133 COURT
City-St-Zip: MIAMI, FL 33182

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: JOSE RAMIREZ

P

03/01/2012

Electronic Signature of Signing Officer or Director

Date