

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000041303

Entity Name: MED-CLINIC HEALTH CARE INC.

FILED  
Mar 01, 2012  
Secretary of State

**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