

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000041440

**Entity Name:** MVR MEDICAL CENTER, INC.

**FILED**  
**Dec 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10550 NW 77 CT  
SUITE 224  
HIALEAH GARDENS, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

10550 NW 77 CT  
SUITE 224  
HIALEAH GARDENS, FL 33016 US

**New Mailing Address:**

**FEI Number:** 27-2572046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, YANAYS P  
10550 NW 77 CT  
SUITE 224  
HIALEAH GARDENS, FL 33016 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: YANAYS CRUZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRUZ, YANAYS  
Address: 10550 NW 77 CT #224  
City-St-Zip: HIALEAH GARDENS, FL 33016 US

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: YANAYS CRUZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

12/14/2011

\_\_\_\_\_  
Date