

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000065143

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1150 NW 72ND AVE.  
SUITE 307  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1150 NW 72ND AVE.  
SUITE 307  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 27-3227920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORIS, YOELVYS  
1150 NW 72ND AVE #307  
MIAMI, FL 33126 US

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

SORIS, YOELVYS  
1150 NW 72ND AVE  
307  
MIAMI, FL 33126 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: YOELVYS SORIS

10/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SORIS, YOELVYS  
Address: 1180 NW 72 AVE #307  
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: YOELVYS SORIS

PD

10/06/2011

Electronic Signature of Signing Officer or Director

Date