

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000088081

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Entity Name:** LA SANTE MEDICAL CENTER, INC.

## **Current Principal Place of Business:**

8660 WEST FLAGLER ST  
SUITE 101  
MIAMI, FL 33143

## **New Principal Place of Business:**

8660 WEST FLAGLER ST  
SUITE 111  
MIAMI, FL 33144

## **Current Mailing Address:**

8660 WEST FLAGLER ST  
SUITE 101  
MIAMI, FL 33143

## **New Mailing Address:**

8660 WEST FLAGLER ST  
SUITE 111  
MIAMI, FL 33144

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PAUBLO MACHADO, PEDRO  
8660 WEST FLAGLES ST  
SUITE 101  
MIAMI, FL 33143 US

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

PABLO MACHADO, PEDRO  
8660 WEST FLAGLES ST  
SUITE 111  
MIAMI, FL 33144 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: PEDRO PABLO MACHADO

09/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: PABLO MACHADO, PEDRO  
Address: 8660 WEST FLAGLER ST SUITE 111  
City-St-Zip: MIAMI, FL 33144 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: PEDRO PABLO MACHADO

P

09/26/2011

Electronic Signature of Signing Officer or Director

Date