

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000072293

FILED
Sep 06, 2013
Secretary of State

Entity Name: MEDICUS CARE PARTNERS, CORP.

Current Principal Place of Business:

4471 SOUTHWEST 71 AVE.
MIAMI, FL 33155

New Principal Place of Business:

690 EAST 49TH STREET
HIALEAH, FL 33013

Current Mailing Address:

4471 SOUTHWEST 71 AVE.
MIAMI, FL 33155

New Mailing Address:

690 EAST 49TH STREET
HIALEAH, FL 33013

FEI Number: 45-2995239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALACIOS, MIGUEL H
4471 SOUTHWEST 71 AVE.
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

PALACIOS, MIGUEL H
690 EAST 49TH STREET
HIALEAH, FL 33013 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: MIGUEL H PALACIOS

09/06/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: PALACIOS, MIGUEL H
Address: 690 EAST 49TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: VPD
Name: SERRANO, DAVID B
Address: 690 EAST 49TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: D
Name: CALVINO, WIFRED
Address: 690 EAST 49TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: D
Name: DEL VALLE, ALBERTO
Address: 690 EAST 49TH STREET
City-St-Zip: HIALEAH, FL 33013

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: MIGUEL H PALACIOS

PSD

09/06/2013

Electronic Signature of Signing Officer or Director

Date