

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000030365

FILED
Nov 15, 2013
Secretary of State

Entity Name: SOUTH FLORIDA PHYSICIAN CARE NETWORK P.A.

Current Principal Place of Business:

49 EAST 2ND AVENUE
HIALEAH, FL 33013

New Principal Place of Business:

1275 W 47TH PL
SUITE 307
HIALEAH, FL 33012

Current Mailing Address:

49 EAST 2ND AVENUE
HIALEAH, FL 33013

New Mailing Address:

1275 W 47TH PL
SUITE 307
HIALEAH, FL 33012

FEI Number: 45-4920532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDOVAL, OSWALDO S
49 EAST 2ND AVENUE
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

SANDOVAL, OSWALDO S
1275 W 47TH PL
SUITE 307
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: OSWALDO SANDOVAL

11/15/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: SANDOVAL, OSWALDO S
Address: 1275 W 47TH PL SUITE 307
City-St-Zip: HIALEAH, FL 33012

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: OSWALDO SANDOVAL

DPT

11/15/2013

Electronic Signature of Signing Officer or Director

Date