

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -9 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282004 REIN-P CR2E098 (6/04)

DOCUMENT # P94000002405

1. Entity Name
TRAUMA & FAMILY MEDICAL CENTER, INC.



Principal Place of Business
2123 CORAL WAY
MIAMI, FL 33145 US

Mailing Address
2123 CORAL WAY
MIAMI, FL 33145 US

2. Principal Place of Business
2109 SW 27 Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami Florida

Zip
33145

Country
USA

4. FEI Number
65-0460234

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, MARIA A
10002 NW 5TH LN
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria A Gomez* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOMEZ, MARIA A	
STREET ADDRESS	10002 NW LANE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAZARES, MARIA	
STREET ADDRESS	420 VALENCIA APT #5	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100042611691	
CITY-ST-ZIP	11/09/04--01089--020 **750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria A Gomez* 11-2-04 305-8605727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #