


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000045790 1. Entity Name PRIMARY HEALTH ASSOCIATES OF SOUTH FLORIDA, INC.				FILED 07 DEC 26 AM 9:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 07 (P94000045790P)	
Principal Place of Business 3661 S MIAMI AVE STE 704 MIAMI, FL 33183 US		Mailing Address 3661 S MIAMI AVE STE 704 MIAMI, FL 33183 US		12192007 REIN-P CR2E098 (1/07)	
2. Principal Place of Business - No P.O. Box # 1455 SW 27 AVE		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL 33145		City & State 			
Zip 33145		Country MIAMI-DADE		4. FEI Number 65-0629279	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent TANO, ANA R 425 WOODCREST RD. KEY BISCAINE, FL 33149		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD		TITLE PD		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME TANO, RAUL I		NAME TANO, RAUL I		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 3666 S. MIAMI AVE, STE 704		STREET ADDRESS 1455 S.W. 27 Ave		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
CITY- ST- ZIP MIAMI, FL 33149		CITY- ST- ZIP MIAMI, FL 33145		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE ST		TITLE ST		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME TANO, ANA R		NAME TANO, ANA R		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 425 WOODCREST RD		STREET ADDRESS 1455 S.W. 27 Ave		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
CITY- ST- ZIP KEY BISCAINE, FL 33149		CITY- ST- ZIP MIAMI, FL 33145		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE 		TITLE 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME 		NAME 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 		STREET ADDRESS 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY- ST- ZIP 		CITY- ST- ZIP 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE 		TITLE 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME 		NAME 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 		STREET ADDRESS 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY- ST- ZIP 		CITY- ST- ZIP 		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 12/20/07 305-649-3260 <small>Daytime Phone #</small>			