

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000077839

FILED
Dec 07, 2009
Secretary of State

Entity Name: UNIVERSITY MEDICAL HEALTH CENTER P.A.

Current Principal Place of Business:

1190 NW 95 STREET
SUITE 302
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

1190 NW 95 STREET
SUITE 302
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0534029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAM, MARIE F M.D.
1190 NW 95 STREET
SUITE 302
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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: MARIE ADAM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAM, MARIE F
Address: 11905 NW 2ND AVE. #107C
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: CONZE, MARGARETTE
Address: 1190 NW 95 STREET, STE. #302
City-St-Zip: MIAMI, FL 33150

Title: VP () Delete
Name: DIAQUOI, LYDICE
Address: 11905 NW 2ND AVE. #107C
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE ADAM

P

12/07/2009

Electronic Signature of Signing Officer or Director

Date