

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000077839

FILED
Jul 15, 2011
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 ()

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 F ADAM MD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: MARIE F ADAM MD

Electronic Signature of Signing Officer or Director

P

07/15/2011

Date