

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *reinstatement*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 AUG 14 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *94000094260*

1. Corporation Name

HEALTH CARE MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

7821 CORAL WAY
SUITE#111
MIAMI FL 33155

7846 CORAL WAY
#437
MIAMI, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 12/30/1994 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0547509 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|---|
| President | Pedro . A. RUGAMA | 7846 CORAL Way #437 | Miami, FL 33155 |
| | | | 300002263213--4 -08/11/97-01066-025 *****35.00 *****35.00 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

alberto
8/14/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEDRO .A. RUGAMA
7846 CORAL WAY
#437
MIAMI, FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300002263213--4
-08/15/97-01120-001
*****880.00 *****880.00

FL

10. Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 08-13-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: PEDRO .A. RUGAMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08-13-97
Daytime Phone #

CRCE040 (12/96)