

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000064014

FILED
Jul 30, 2008
Secretary of State

Entity Name: AMCA PRIMECARE MEDICAL SERVICES INC.

Current Principal Place of Business:

1208 S FEDERAL HWY
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

1208 S FEDERAL HWY
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 65-0602262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLKOV, SELLY
1209 NE 1ST STREET
FT LAUDERDALE, FL 33301 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: SELLY WOLKOV

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: D () Delete
Name: WOLKOV, SELLY
Address: 1209 NE 1ST ST
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: WOLKOV, HANNE
Address: 1209 NE 1ST
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SELLY WOLKOV

D

07/30/2008

Electronic Signature of Signing Officer or Director

Date