

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036416

1. Corporation Name

CareMed Network, Inc

REINSTATEMENT 09-10

600175000956
04/08/10--01043--012 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 7805 Coral Way		3. Mailing Office Address PO Box 442070	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33155	Country USA	Zip 33144	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/22/1996	
5. FEI Number 650667602	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Angel D. Cordova			
Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 Avenue			
Suite, Apt. #, Etc. Suite 340			
City Miami	State FL	Zip Code 33126	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 03/31/2010
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ricardo L. Regalado	7805 Coral Way, Suite 103	Miami, Florida 33155

10. E-mail Address: lina@caremed.net
(To be used for future annual report notification)

11. 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. I further certify, 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:	Ricardo L. Regalado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date 03/31/2010	Daytime Phone # 305-269-9788