

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000076495

FILED
Oct 21, 2004
Secretary of State

Entity Name: ALYKAT MEDICAL CENTER INC.

Current Principal Place of Business:

5040 NW 7 STREET
STE 632
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 NW 7 STREET
STE 632
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0698663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, ALBERTO
5040 NW 7TH STREET
STE 632
MIAMI, FL 33126 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: _____

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: PVST () Delete
Name: GARCIA, ALBERTO
Address: 5040 NW 7TH STREET, SUITE 632
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: GARCIA, ALBERTO
Address: 5040 NW 7 STREET STE 632
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PVST () Change (X) Addition
Name: GARCIA, ALBERTO
Address: 333 SOUTH COMERCIO STREET
City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERTO GARCIA

PVST

10/21/2004

Electronic Signature of Signing Officer or Director

_____ Date