

## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000062867

1. Entity Name  
JAIME GARCIA MD P.A.

Principal Place of Business  
935 WEST 49 STREET  
SUITE 107  
HIALEAH, FL 33012-3436

Mailing Address  
935 WEST 49 STREET  
SUITE 107  
HIALEAH, FL 33012-3436

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

6. Name and Address of Current Registered Agent  
GARCIA, JAIME  
935 WEST 49 STREET  
SUITE 107  
HIALEAH, FL 33012-3436

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS  
TITLE D  
NAME GARCIA, JAIME MD  
STREET ADDRESS 935 WEST 49 STREET  
CITY-ST-ZIP HIALEAH, FL 330123436  
[Delete]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Change] [Addition]

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 22 PM 12:53  
REINSTATEMENT 04

[Barcode]  
10212004 REIN-P CR2E088 (6/04)  
4. FEI Number 65-0799811 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required