## 2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P9700062867  1. Entity Name JAIME GARCIA MD P.A.								√1510N 100 <b>04</b> 110 <del>04</del> 00	LTARY OF ST. OF CORPORA 1 22"PM 12: 1 MENT	NE 710:: 53
Principal Place of Business Mailing Address							O HIT BAK			$\wedge U$
935 WEST 49 STREET				935 WEST 49 STREET					- 48 (20 () ()	$\underline{\underline{\mathcal{C}}}$
SUITE 107				SUITE 107						
HIALEAH, FL 33012-3436 HIALEAH, FL 33012-3436							i crement iii	1 1920 (1900) 1980) 1980) 1	ETINS ENCO MERI FRAS ENG A	11 (11 (11 (11 (11 (11 (11 (11 (11 (11
2. Principal Place of Business			3. Mailing Address				5			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10212004	REIN-P	CR2E098 (6/04)	
City & State			City & State			4. FEI Numb			pplied For ot Applicable	
Zip	Country		Zi	Zip		try	5. Certificate	of Status Desired	S8.75 Ac	
6. Name and Address of Current F			Registe	legistered Agent			7. Name and Address of New Registered Agent			
				Name						
GARCIA, JAIME						Street Address (P.O. Box Number is Not Acceptable)				
935 WEST 49 STREET SUITE 107						Street Address (P.O. Box Notinber is not Acceptable)				
HIALEAH, FL 33012-3436										
						City	····	*****	FL Zip Co	e
			//.	·		<u>L</u>			L	
8. The above	named entit	y submits this statement for	the pu	rpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with	, and accept
the obligations of registered agent										
SIGNATURE.		/////WA								
	Signature, typed	by by heghame of registered agent a	and title if a	applicable. (NOTI	E: Register	ed Agent signature requi	red when reinstaling	) 	DATE	
FILE NOWIN FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				1				In accordance w corporation did r	rith s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.		OFFICERS AND	DIRECT	TORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
MIE	D			☐ Delete	TITLE				☐ Change	Addition
NAME	GARCIA, JAIME MD				NAM	E				
STREET ADDRESS 935 WEST 49 STREET					1	ET ADDRESS				ļ
CITY-ST-ZIP	TIY-ST-ZIP HIALEAH, FL 330123436				-ST-ZIP					
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CITY-ST-ZIP	reet address Y-St-Zip					ET ADDRESS -ST-ZIP				ĺ
TITLE	<del>                                     </del>			☐ Delete	TITLE				☐ Change	Addition
NAME				CJ Deiste	NAM				C cuarde	LI ROUILLON
STREET ADDRESS					1	ET ADORESS				
CITY-ST-ZIP						-ST-ZIP				[
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NAME					NAM	ε				j
STREET ADDRESS					STRE	ET ADDRESS				1
CITY-ST-ZIP					CITY	-ST-ZIP			14	
TITLE	1			Delete	TITL	E			☐ Change	☐ Addition
NAME					NAM	ı	E	100042	37107E	;
_					етос	ET ADORESS		non in a linear management		
STREET ADDRESS							11/0	02/040100	4(][[[ **]:	50.00
STREET ADDRESS CITY-ST-ZIP		<u> </u>			CITY	-SI-ZIP	11/(	J2/U4U1UU 		
STREET ADDRESS CITY-ST-ZIP TITLE		····		☐ Delete	CITY	-ST-ZIP	11/(	JZ/U4U1(II)	4!][[[ **]: ☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Delete	CITY TITLE NAME	-SI-ZIP E	11/(	J2/U4U1UU 		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	CITY TITLE NAM STRE	-SI-ZIP E E EET ADDRESS		J2/U4U1UU 		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	Certify that the	e information supplied with	this 6#	ng does not qualify fo	CITY NAM STRE	E E E E E E E E E E E E E E E E E E E	ection 119.07(3)	(i) Florida Statutes I	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that th	e information supplied with nt or supplemental report is	n this fili	ng does not qualify fo	CITY NAM STRE	E E E E E E E E E E E E E E E E E E E	ection 119.07(3)	(i) Florida Statutes I	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	l on this repo rporation or t	e information supplied with it or supplemental report is receiver or trustee empo achment with an address, v	s true ar owered	ng does not qualify for nd accurate and that n to execute this report	CITY NAM STRE CITY The exe ny signa as requi	E E E E E E E E E E E E E E E E E E E	ection 119.07(3)	(i) Florida Statutes I	Change	Addition
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