

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000024372

**FILED
Oct 13, 2006
Secretary of State**

Entity Name: WESTERN GABLES MED. CENTER, INC.

Current Principal Place of Business:

5511 SW 8TH ST
SUITE 101
MIAMI, FL 331342272

New Principal Place of Business:

Current Mailing Address:

5511 SW 8TH ST
SUITE 101
MIAMI, FL 331342272

New Mailing Address:

FEI Number: 65-0821646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LLANES, RAMON M
5511 SW 8TH STREET, SUITE 101
MIAMI, FL 331342272 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: RAMON M. LLANES

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: PD () Delete
Name: LUIS, LUIS
Address: 5511 SW 8TH ST., SUITE 101
City-St-Zip: MIAMI, FL 331342272

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS LUIS

Electronic Signature of Signing Officer or Director

PRES

10/13/2006

Date