2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2006
Secretary of State

DOCUMENT# P98000026613

Entity Name: HECTOR S. RODRIGUEZ M.D. MEDICAL GROUP, INC.

Current Principal Place of Business:

951 SW 42 AVE #301
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

951 SW 42 AVE #301
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0824807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, HECTOR S
4237 SW 5 STREET
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

RODRIGUEZ, HECTOR S MD
4237 SW 5 STREET
MIAMI, FL 33134 US

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: HECTOR S. RODRIGUEZ MD 12/07/2006
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: VSTD ( ) Delete
Name: RODRIGUEZ, HECTOR S
Address: 951 SW 42 AVE #301
City-St-Zip: MIAMI, FL 33134

Title: PSTD (X) Delete
Name: RODRIQUEZ, HECTOR S
Address: 951 SW 42 AVE #301
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: RODRIGUEZ, HECTOR S MD
Address: 951 SW 42 AVE #301
City-St-Zip: MIAMI, FL 33134

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: HECTOR S. RODRIGUEZ MD PSTD 12/07/2006
Electronic Signature of Signing Officer or Director Date