

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000028268

**FILED**  
**Oct 29, 2007**  
**Secretary of State**

**Entity Name:** MULTICARE HEALTH MANAGEMENT ASSOCIATES, INC.

**Current Principal Place of Business:**

955 N.W. 3RD STREET, 1ST FLOOR  
MIAMI, FL 33128

**New Principal Place of Business:**

1560 SW 139TH AVENUE  
MIAMI, FL 33184 US

**Current Mailing Address:**

6039 COLLINS AVENUE, PH-19  
MIAMI BEACH, FL 33140

**New Mailing Address:**

1560 SW 139TH AVENUE  
MIAMI, FL 33184 FL

**FEI Number:** 65-0825965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GAZQUEZ, JESUS  
1560 SW 139 AVE  
MIAMI, FL 331842711 US

**Name and Address of New Registered Agent:**

GAZQUEZ, JESUS  
1560 SW 139 AVENUE  
MIAMI, FL 33184 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: JESUS GAZQUEZ

10/29/2007

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: PTD ( ) Delete  
Name: GAZQUEZ, JESUS  
Address: 1560 SW 139 AVE  
City-St-Zip: MIAMI, FL 33184

Title: VSD ( ) Delete  
Name: FINK, GLORIA M  
Address: 6039 COLLINS AVENUE, PH19  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: GAZQUEZ, JESUS  
Address: 1560 SW 139 AVENUE  
City-St-Zip: MIAMI, FL 33184 US

Title: CTD (X) Change ( ) Addition  
Name: CABRERA, SERGIO F  
Address: 14350 SW 142ND AVENUE  
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify 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: SERGIO F CABRERA

CTD

10/29/2007

Electronic Signature of Signing Officer or Director

Date