

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000063573

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: METRO HEALTH CENTER, INC.

## Current Principal Place of Business:

1350 SW 57TH AVE.  
SUITE 316  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

1350 SW 57TH AVE.  
SUITE 316  
MIAMI, FL 33144

## New Mailing Address:

FEI Number: 65-0860373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROIG, ROSA M  
1350 SW 57 AVE. SUITE 316  
MIAMI, FL 33144      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: ROSA M. ROIG

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: ROIG, EMILIA P  
Address: 1350 SW 57 AVE, SUITE 316  
City-St-Zip: MIAMI, FL 33144

Title: V ( ) Delete  
Name: ROIG, PEDRO C  
Address: 1350 SW 57 AVENUE, #316  
City-St-Zip: MIAMI, FL 33144

Title: V ( ) Delete  
Name: FITZPATRICK, GLORIA L  
Address: 17049 N.W. 22 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GLORIA FITZPATRICK

V

03/16/2006

Electronic Signature of Signing Officer or Director

Date