

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000085247	
1. Entity Name PRINCIPAL MEDICAL SERVICES, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 20 PM 1:45

REINSTATEMENT 06-07

Principal Place of Business 5490 PALM AVENUE HIALEAH, FL 33012 US	Mailing Address 5490 PALM AVENUE HIALEAH, FL 33012 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0867104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANCHEZ, FELIX 1485 W. 46 ST. #502 HIALEAH, FL 33012	
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7. Name and Address of New Registered Agent Name PEDRO E. ARMAIGNAC GARCIA Street Address (P.O. Box Number is Not Acceptable) 655 N.E. 135 ST City NORTH MIAMI FL Zip Code 33161	
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8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE <u>P. Gormayrac</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, FELIX 1485 WEST 46 ST., #502 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDRO E. ARMAIGNAC 655 N.E. 135 ST 33161 N. MIAMI, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300089576613 02/27/07--01013--017 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE <u>P. Gormayrac</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
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