

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000085470

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** PHYSICIANS MANAGEMENT NETWORK, INC.

**Current Principal Place of Business:**

701 NW 57TH AVE  
S-300  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14-0002  
CORAL GABLES, FL 331140002

**New Mailing Address:**

701 NW 57TH AVE  
S-300  
MIAMI, FL 33126

**FEI Number:** 65-0868232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDVIN, PHILIP ESQ.  
4112 AURORA STREET.  
CORAL GABLES, FL 33146 US

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

MEDVIN, JOSHUA ESQ.  
1699 CORAL WAY, S-311  
MIAMI, FL 33145 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: JOSHUA MEDVIN

02/13/2009

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: CEO ( ) Delete  
Name: BEHAR, VICTOR  
Address: 701 NW 57 AVE., S-300  
City-St-Zip: MIAMI, FL 33126

Title: CIO ( ) Delete  
Name: BLANCO, JOSE JR  
Address: 701 NW 57 AVE., S-300  
City-St-Zip: MIAMI, FL 33126

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

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 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: VICTOR BEHAR

CEO

02/13/2009

Electronic Signature of Signing Officer or Director

Date