2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# P98000095272

Entity Name: AROUND-THE-CLOCK MEDICAL CENTER OF NORTH MIAMI BEACH, P.A.

Current Principal Place of Business:

16991 NE 20 AVE
NO. MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

16991 NE 20 AVE
NO. MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 65-0870865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINSBERG, MARC R
MANDINA, GINSBERG AND TOLEDO, P.A.
1110 BRICKELL AVENUE, SUITE 805
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GLASSMAN, LISA
18851 NE 29TH AVENUE
3700
MIAMI, FL 33180 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: LISA GLASSMAN 10/27/2009
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: D ( ) Delete
Name: GLASSMAN, PAUL S D.O.
Address: 16991 NE 20 AVE
City-St-Zip: NO. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAUL S. GLASSMAN D 10/27/2009
Electronic Signature of Signing Officer or Director Date