

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 JUL 22 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 02, 2005



06272005 REIN-P CR2E098 (6/04) 0405

4. FEI Number 65-0908518 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P99000030232
1. Entity Name
METROPOLITAN MEDICAL CENTER, INC.



Principal Place of Business 1990 SW 1 STREET
MIAMI, FL 33135
Mailing Address 1990 SW 1 STREET
MIAMI, FL 33135

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address 20533 Biscayne Blvd.
Suite, Apt. #, etc. 107
City & State Aventura
Zip 33180 Country

6. Name and Address of Current Registered Agent
FERNANDEZ, CHEFFY
150 N.W. 32ND AVENUE
MIAMI, FL 33125

7. Name and Address of New Registered Agent
Name JESUS GAZQUEZ
Street Address (P.O. Box Number is Not Acceptable)
1560 SW 139 Avenue
City Miami FL Zip Code 33184

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 [Signature] Jesus G. Gazquez DATE 07/15/2005
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

700058528537

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, CHEFFY 150 N.W. 32ND AVENUE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CHEFFY FERNANDEZ 150 NW 32 Avenue Miami, FL 33125 <input checked="" 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	Vice-President MARLENE CUESTA 20533 Biscayne Blvd., #107 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer ZAI RY RODRIGUEZ 20533 Biscayne Blvd., #107 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: [Signature] Cheffy Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 07-18-05 305-631-8863
Daytime Phone #