

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000036730

Entity Name: C & L MEDICAL CENTER INC.

**FILED**  
**Sep 28, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

710 SW 17 AVE.  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

710 SW 17 AVE.  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 65-0947055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARCASES, ISABEL  
710 SW 17 AVE.  
MIAMI, FL 33135 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: ISABEL CARCASES

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: CARCASES, ISABEL  
Address: 710 SW 17 AVE.  
City-St-Zip: MIAMI, FL 33135

**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 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 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: ISABEL CARCASES

PD

09/28/2005

Electronic Signature of Signing Officer or Director

Date