

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 MAY 17 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

29900101612

1. Corporation Name

StarMed Medical Center, Inc.

2. Principal Office Address

3850 SW 87 Avenue

3. Mailing Office Address

3850 SW 87 Ave.

Suite, Apt. #, etc.

# 207

Suite, Apt. #, etc.

# 207

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida

11/19/1999

5. FEI Number

65-0983028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Franklin Palma

Street Address (P.O. Box Number is Not Acceptable)

3850 SW 87 Avenue

Suite, Apt. #, Etc.

# 207

City

Miami

State

FL

Zip Code

33165

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

X Franklin Palma

Date

05/16/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVP, ST	Franklin Palma	3850 SW 87 ave #207 Miami, Florida 33165	Miami, FL 33165

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

X Franklin Palma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/02

Date

(305) 480-4000

Daytime Phone #