

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 672662

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** STAT MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

12302 N E 6TH AVENUE  
N MIAMI, FL 33161

**New Principal Place of Business:**

9526 NE 2 AVENUE  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

12302 N E 6TH AVENUE  
N MIAMI, FL 33161

**New Mailing Address:**

9526 NE 2 AVENUE  
MIAMI SHORES, FL 33138

**FEI Number:** 59-2006392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAUL SALVER, PA  
2721 EXECUTIVE PARK DRIVE  
3  
WESTON, FL 33331 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: PAUL SALVER, PA

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: P ( ) Delete  
Name: BERENGUER, RAMON  
Address: 12302 NE 6TH AVENUE  
City-St-Zip: N. MIAMI, FL 33161

Title: V ( ) Delete  
Name: GREEN, STEFANI  
Address: 12302 N E 6TH AVENUE  
City-St-Zip: N MIAMI, FL 33161

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

Title: P (X) Change ( ) Addition  
Name: BERENGUER, RAMON  
Address: 9526 NE 2 AVENUE  
City-St-Zip: MIAMI SHORES, FL 33138

Title: V (X) Change ( ) Addition  
Name: GREEN, STEFANI  
Address: 9526 NE 2 AVENUE  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMON BERENGUER

P

10/05/2006

Electronic Signature of Signing Officer or Director

Date