

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 21, 2007
Secretary of State**

DOCUMENT# 672662

Entity Name: STAT MEDICAL CLINIC, INC.

Current Principal Place of Business:

9526 NE 2 AVENUE
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9526 NE 2 AVENUE
MIAMI SHORES, FL 33138

New Mailing Address:

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: RAMON BERENGUER

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: 9526 NE 2 AVENUE
City-St-Zip: MIAMI SHORES, FL 33138

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAMON BERENGUER

DR

11/21/2007

Electronic Signature of Signing Officer or Director

Date