

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M72986

**FILED**  
**May 19, 2011**  
**Secretary of State**

**Entity Name:** LUCINDA I. CUERVO, M.D., P.A.

**Current Principal Place of Business:**

8900 SW 117TH AVENUE  
SUITE B201  
MIAMI, FL 33186 US

**New Principal Place of Business:**

7000 SW 62 AVENUE  
SUITE B401  
MIAMI, FL 33143 US

**Current Mailing Address:**

8900 SW 117TH AVENUE  
SUITE B201  
MIAMI, FL 33186 US

**New Mailing Address:**

7000 SW 62 AVENUE  
SUITE B401  
MIAMI, FL 33143 US

**FEI Number:** 65-0080729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUERVO, LUCINDA I.  
8900 SW 117TH AVENUE  
SUITE B201  
MIAMI, FL 33186 US

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

CUERVO, LUCINDA I.  
7000 SW 62 AVENUE  
SUITE B401  
MIAMI, FL 33143 US

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: LUCINDA I. CUERVO

05/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CUERVO, LUCINDA I.  
Address: 7000 SW 62 AVENUE, SUITE B401  
City-St-Zip: MIAMI, FL 33143 US

I hereby 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 all other like empowered.

SIGNATURE: LUCINDA I. CUERVO

PRES

05/19/2011

Electronic Signature of Signing Officer or Director

Date