

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N06000011269

Entity Name: BICOL ASSOCIATION OF SOUTHERN FLORIDA, INC.

Current Principal Place of Business:

25400 U.S. HIGHWAY 19 NORTH, STE 192
CLEARWATER, FL 33763

New Principal Place of Business:

25400 U.S. HIGHWAY 19 NORTH, STE 185
CLEARWATER, FL 33763

Current Mailing Address:

25400 U.S. HIGHWAY 19 NORTH, STE 192
CLEARWATER, FL 33763

New Mailing Address:

25400 U.S. HIGHWAY 19 NORTH, STE 185
CLEARWATER, FL 33763

FEI Number: 59-3215290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BONA, III, RAFAEL B
25400 U.S. HIGHWAY 19 NORTH, STE 192
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

BONA, III, RAFAEL
25400 U.S. HIGHWAY 19 NORTH, STE 185
CLEARWATER, FL 33763 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: RB

10/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONA, FAFANEL
Address: 25400 U.S. HIGHWAY 19 NORTH, STE 192
City-St-Zip: CLEARWATER, FL 33763 US

Title: V () Delete
Name: LOQUIAS, JESUS V
Address: 2747 BLUE SLATE COURT
City-St-Zip: LAND O'LAKES, FL 34638 US

Title: S () Delete
Name: RIVERA, NILDA F
Address: 2448 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33764 US

Title: T () Delete
Name: RIVERA, ROBERTO B M.D.
Address: 2448 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: PILONEO, HELEN P
Address: 8866 MERRIMOOR BLVD
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Delete
Name: MEJIA-MISKI, NENA M.D.
Address: 4604 WHISPERING PARK LANE
City-St-Zip: TAMPA, FL 336141480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONA, FAFANEL
Address: 25400 U.S. HIGHWAY 19 NORTH, STE 185
City-St-Zip: CLEARWATER, FL 33763 US

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RB

P

10/28/2008

Electronic Signature of Signing Officer or Director

Date