

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000049597

Entity Name: ARNALDO M. MORA, MD PA

FILED  
Jan 29, 2011  
Secretary of State

**Current Principal Place of Business:**

1888 FOX CT  
WELLINGTON, FL 33414

**New Principal Place of Business:**

5210 LINTON BLVD.  
302  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

1888 FOX CT  
WELLINGTON, FL 33414

**New Mailing Address:**

5210 LINTON BLVD.  
302  
DELRAY BEACH, FL 33484

FEI Number: 27-0331496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORA, ARNALDO M MD  
1888 FOX CT  
WELLINGTON, FL 33414 US

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

FARIDA, MORA C MANAGER  
1969 SW 36TH AVE  
DELRAY BEACH, FL 33445 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: FARIDA MORA

01/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORA, ARNALDO M MD  
Address: 1969 SW 36TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: WIFE  
Name: MORA, FARIDA C MANAGER  
Address: 1969 SW 36 TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445

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: ARNALDO M. MORA

D

01/29/2011

Electronic Signature of Signing Officer or Director

Date