

**2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S00920

**FILED  
Oct 29, 2014  
Secretary of State**

**Entity Name:** ESTEVAN ALFONZO RUIZ, M.D., P.A.

**Current Principal Place of Business:**

8813 RIVER CROSSING BLVD  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

8813 RIVER CROSSING BLVD  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

FEI Number: 59-3026973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RUIZ, ESTEBAN A M.D.  
8813 RIVER CROSSING BLVD  
NEW PORT RICHEY, FL 34655 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: ESTEBAN ALFONZO RUIZ MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RUIZ, ESTEBAN A  
Address: 8813 RIVER CROSSING BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655 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: ESTEBAN ALFONZO RUIZ, M.D.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR

10/29/2014

\_\_\_\_\_  
Date