

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H33781

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

**Entity Name:** ALFONSO H. SAA, M.D., P.A.

**Current Principal Place of Business:**

508 SOUTH HABANA AVENUE  
SUITE 255  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

508 SOUTH HABANA AVENUE  
SUITE 255  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-2476212      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SAA, ALFONSO H., M.D.  
508 SOUTH HABANA AVENUE  
SUITE 255  
TAMPA, FL 33609 US

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

SAA, ALFONSO H., M.D., P.A.  
508 SOUTH HABANA AVENUE  
SUITE 255  
TAMPA, FL 33609 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: ALFONSO H. SAA, M.D.      08/19/2011  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SAA, ALFONSO H., M.D.  
Address: 508 S HABANA AVE, STE 255  
City-St-Zip: TAMPA, FL 33609

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: ALFONSO H. SAA, M.D.      D      08/19/2011  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date