2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 513303

Entity Name: RAFAEL ASON, M.D., P.A.

FILED Oct 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7100 W. 20TH AVENUE					
G-154 HIALEAH, F	FL 330161813	3			
Current Mailing Address:			New Mailing Address:		
	TH AVENUE				
G-154 HIALEAH, F	FL 330161813	3			
FEI Number:	59-1690168	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
7100 W. 20 G-154	FAEL MD, PA TH AVENUE FL 330161813				
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E: RAFAEL	ASON			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTSV () ASON, RAFAEL 1531 VICTORIA WESTON, FL 3	ISLES WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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

SIGNATURE: RAFAEL ASON O 10/01/2009