

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 604656

1. Entity Name  
JORGE A. VALLEJO, M.D., INC.



FILED

04 OCT 28 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
777 EAST 25 STREET SUITE 203 514  
HIALEAH, FL 33013

Mailing Address  
777 EAST 25 STREET SUITE 203 514  
HIALEAH, FL 33013

2. Principal Place of Business  
777 EAST 25 STREET  
Suite, Apt. #, etc.  
SUITE 514  
City & State  
HIALEAH, FL  
Zip  
33013  
Country  
USA

3. Mailing Address  
777 EAST 25 STREET  
Suite, Apt. #, etc.  
SUITE 514  
City & State  
HIALEAH, FL  
Zip  
33013  
Country  
USA

10212004 REIN-P CR2E098 (6/04)

4. FEI Number  
59-1485758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEJO (JORGE A.) M.D.  
777 EAST 25 STREET SUITE 514  
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD.<br>VALLEJO, JORGE A<br>8375 W. 18TH LANE DR.<br>HIALEAH, FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VALLEJO, GISELA<br>8375 W. 18TH LANE DR.<br>HIALEAH, FL    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>VALLEJO, JORGE A.<br>8375 W. 18TH LANE DR.<br>HIALEAH, FL  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400042280744<br>10/28/04--01033--001 **150.00 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Jorge Vallejo* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 26/04 305-821-9591-92  
Date Daytime Phone #