

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 697295

**FILED**  
**Jun 30, 2011**  
**Secretary of State**

**Entity Name:** GONZALO A. AGUILAR, M.D., P.A.

**Current Principal Place of Business:**

580 WEST EIGHTH  
SUITE 802  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

580 WEST EIGHTH  
SUITE 6001  
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

C/O GONZALO A. AGUILAR, M.D.  
1833 BOULEVARD, SUITE 512  
JACKSONVILLE, FL 32206

**New Mailing Address:**

580 WEST EIGHTH  
SUITE 6001  
JACKSONVILLE, FL 32209 US

**FEI Number:** 59-2110476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGUILAR, GONZALO A., M.D.  
1833 BOULEVARD, SUITE 512  
JACKSONVILLE, FL 32206 US

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

AGUILAR, GONZALO A., M.D. P.A.  
580 WEST 8TH STREET  
SUITE 6001  
JACKSONVILLE, FL 32209 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: GONZALO A. AGUILAR M.D.

06/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: AGUILAR, GONZALO A.  
Address: 1750 RIVER BLUFF ROAD N.  
City-St-Zip: JACKSONVILLE, FL 32211 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: GONZALO A. AGUILAR

DR

06/30/2011

Electronic Signature of Signing Officer or Director

Date