

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09695

**FILED**  
**Oct 21, 2008**  
**Secretary of State**

**Entity Name:** JAMES N. ALLEYN, M.D., P.A.

**Current Principal Place of Business:**

3661 S MIAMI AVE STE 308  
MIAMI, FL 33133

**New Principal Place of Business:**

5000 UNIVERSITY DR  
3RD FLOOR  
CORAL GABLES, FL 33146

**Current Mailing Address:**

3661 S MIAMI AVE STE 308  
MIAMI, FL 33133

**New Mailing Address:**

5000 UNIVERSITY DR  
3RD FLOOR  
CORAL GABLES, FL 33146

**FEI Number:** 59-2031270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEYN, JAMES N.  
3661 S MIAMI AVE STE 308  
MIAMI, FL 33133 US

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

ALLEYN, JAMES N.  
5000 UNIVERSITY DR  
3RD FLOOR  
CORAL GABLES, FL 33146 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: JAMES N. ALLEYN

10/21/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: ALLEYN, JAMES N.,  
Address: 3661 S MIAMI AVE STE 308  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: ALLEYN, JAMES N.,  
Address: 5000 UNIVERSITY DR  
City-St-Zip: CORAL GABLES, FL 33146

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: JAMES N. ALLEYN

PST

10/21/2008

Electronic Signature of Signing Officer or Director

Date