

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F38299

**FILED  
Feb 11, 2010  
Secretary of State**

**Entity Name:** JOSE PEDRO HERNANDEZ GALA, M.D., P.A.

**Current Principal Place of Business:**

539 NW 130TH AVENUE  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

539 NW 130TH AVENUE  
MIAMI, FL 33182

**New Mailing Address:**

**FEI Number:** 59-2113248      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ GALA, JOSE P  
539 NW 130TH AVE  
MIAMI, FL 33182 US

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

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: JOSE P HERNANDEZ

\_\_\_\_\_  
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: P  
Name: HERNANDEZ GALA, JOSE P  
Address: 539 NW 130TH AVENUE  
City-St-Zip: MIAMI, FL 33182

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: JOSE P HERNANDEZ-GALA,MD

P

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date