

**2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F45934

**FILED  
Nov 03, 2014  
Secretary of State**

**Entity Name:** JORGE J. SOWERS, M.D., P.A.

**Current Principal Place of Business:**

1201 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1201 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-2118737      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SOWERS, JORGE J., M.D.  
1201 SEVILLA AVENUE  
CORAL GABLES, FL 33134      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: JORGE J SOWERS, MD PA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SOWERS, JORGE J.  
Address: 1201 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: SOWERS, JORGE J.  
Address: 1201 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: JORGE J. SOWERS, MD PA

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

MD

11/03/2014

\_\_\_\_\_  
Date