

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F60777

**FILED**  
**Apr 17, 2014**  
**Secretary of State**

**Entity Name:** ROBERT F. DE LUCA, M.D., P.A.

**Current Principal Place of Business:**

427 BILTMORE WAY  
STE 102  
MIAMI, FL 33134 UN

**New Principal Place of Business:**

15 SW 107 AVE  
MIAMI, FL 33174 UN

**Current Mailing Address:**

427 BILTMORE WAY  
STE 102  
MIAMI, FL 33134

**New Mailing Address:**

15 SW 107 AVE  
MIAMI, FL 33174 UN

**FEI Number:** 59-2151675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELUCA, ROBERT F M.D.  
427 BILTMORE WAY STE 102  
MIAMI, FL 33134 US

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

DELUCA, ROBERT F M.D.  
15 SW 107 AVE  
MIAMI, FL 33174 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: ROBERT F. DELUCA

04/17/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVT  
Name: DE LUCA, ROBERT F MD  
Address: 15 SW 107 AVE  
City-St-Zip: MIAMI, FL 33174

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: ROBERT F. DELUCA

MD

04/17/2014

Electronic Signature of Signing Officer or Director

Date