

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# H29973

**FILED**  
**Oct 31, 2012**  
**Secretary of State**

**Entity Name:** LORETTA CIRALDO, M.D., P.A.

**Current Principal Place of Business:**

18851 N.E. 29TH AVE., STE 700  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

2627 NE 203RD STREET  
111  
AVENTURA, FL 33180 US

**Current Mailing Address:**

C/O LORETTA CIRALDO, MD, PA  
1730 WEST 23RD ST  
MIAMI BCH, FL 33140

**New Mailing Address:**

2627 NE 203RD STREET  
111  
AVENTURA, FL 33180 US

**FEI Number:** 59-2469346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CIRALDO, LORETTA M.D.  
18851 N.E. 29TH AVE., STE 700  
AVENTURA, FL 33180 US

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

CIRALDO, LORETTA M.D.  
2627 NE 203RD STREET  
111  
AVENTURA, FL 33180 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: LORETTA CIRALDO MD

10/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CIRALDO, LORETTA  
Address: 101 WEST DILIDO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: LORETTA CIRALDO MD

PD

10/31/2012

Electronic Signature of Signing Officer or Director

Date