

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J26472

FILED  
Jun 10, 2011  
Secretary of State

**Entity Name:** ORESTES M. PABLOS, M.D., P.A.

**Current Principal Place of Business:**

% ORESTES M. PABLOS, M.D.  
6498 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

ORESTES M. PABLOS , MD PA  
6498 CORAL WAY  
MIAMI, FL 33155

**Current Mailing Address:**

% ORESTES M. PABLOS, M.D.  
6498 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

ORESTES M. PABLOS, M.D.  
P.O. BOX 440254  
MIAMI, FL 33144-025 4

FEI Number: 59-2700665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PABLOS, ORESTES M., M.D.  
6498 CORAL WAY  
MIAMI, FL 33155 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: ORESTES M. PABLOS

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ORESTES M. PABLOS, MD  
Address: 2700 SW 113 AVE.  
City-St-Zip: MIAMI, FL 33165

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: ORESTES M. PABLOS

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

PSD

06/10/2011

\_\_\_\_\_  
Date