

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K09016

**FILED**  
**Oct 31, 2011**  
**Secretary of State**

**Entity Name:** DAVID W. CABRERA, M.D., P.A.

**Current Principal Place of Business:**

1313 SW 27 AVE., #C  
MIAMI, FL 33145

**New Principal Place of Business:**

351 NW 42 AVENUE  
SUITE 308  
MIAMI, FL 33126

**Current Mailing Address:**

7920 HAWTHORNE AVE.  
MIAMI BEACH, FL 33141

**New Mailing Address:**

3603 SW 25TH TERRACE  
MIAMI, FL 33133

**FEI Number:** 65-0025042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABRERA, DAVID W MD,PA  
7920 HAWTHORNE AVE.  
MIAMI BEACH, FL 33141 US

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

CABRERA, DAVID W MD,PA  
3603 SW 25TH TERRACE  
MIAMI, FL 33133 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: DAVID CABRERA

10/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CABRERA, DAVID W MD  
Address: 3603 SW 25 TERR.  
City-St-Zip: MIAMI, FL 33133

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: DAVID W. CABRERA

MGR

10/31/2011

Electronic Signature of Signing Officer or Director

Date