

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K29410

FILED  
May 02, 2006  
Secretary of State

Entity Name: GUILLERMO ACHONG, M.D., P.A.

**Current Principal Place of Business:**

GUILLERMO ACHONG, M.D., P.A.  
690 E 49TH ST  
HIALEAH, FL 33013 US

**New Principal Place of Business:**

GUILLERMO ACHONG, M.D., P.A.  
19601 WEST ST. ANDREWS DRIVE  
MIAMI, FL 33015 US

**Current Mailing Address:**

GUILLERMO ACHONG, M.D., P.A.  
690 E 49TH ST  
HIALEAH, FL 33013 US

**New Mailing Address:**

GUILLERMO ACHONG, M.D., P.A.  
19601 WEST ST. ANDREWS DRIVE  
MIAMI, FL 33015 US

FEI Number: 59-2612376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAPIRO, IRA R.  
16375 NE 18TH AVE  
MIAMI, FL 33162 US

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

ASSOULINE & BERLOWE, P.A.  
3250 MARY STREET  
SUITE 308  
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: PETER E. BERLOWE

05/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ACHONG, GUILLERMO M P.A.  
Address: 690 E 49TH ST  
City-St-Zip: HIALEAH, FL 33013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ACHONG, GUILLERMO  
Address: 19601 WEST ST. ANDREWS DRIVE  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUILLERMO ACHONG

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date