## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K40172

FILED Mar 08, 2005 Secretary of State

Entity Name: SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIATES, P.A.

**Current Principal Place of Business:** 

New Principal Place of Business:

% ANDRES A. REDONDO 2601 SW 37TH AVE STE 604 MIAMI, FL 33133

3181 CORAL WAY 2ND FLOOR MIAMI, FL 33145

**Current Mailing Address:** 

New Mailing Address:

% ANDRES A. REDONDO 2601 SW 37TH AVE STE 604 MIAMI, FL 33133

MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., #2000

MIAMI, FL 33131

FEI Number: 65-0081041

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JORGE SANCHEZ-MASIQUES, MD 2601 SW 37TH AVE STE 802 MIAMI, FL 33133

AUERBACH, MARCH ESQ. 201 S. BISCÁYNE BLVD. SUITE 2000 MIAMI, FL 33131 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: MARC H. AUERBACH

03/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

FEI Number Applied For ( )

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete

SANCHEZ-MASIQUES, JO, RGE Name:

13625 S.W. 92 CT. Address:

City-St-Zip: MIAMI, FL

City-St-Zip:

Title: (X) Change ( ) Addition SANCHEZ-MASIQUES, JO, RGE Name: Address: 3181 CORAL WAY, 2ND FLOOR

City-St-Zip: MIAMI, FL 33145

Title: () Delete REDONDO, ANDRES A., Name:

8860 S.W. 60 AVE. Address: MIAMI, FL

Title:

(X) Change ( ) Addition

Name: REDONDO, ANDRES A.,

Address: 3181 CORAL WAY, 2ND FLOOR

MIAMI, FL 33145 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDRES A. REDONDO

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03/08/2005