

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K80602

FILED
Oct 21, 2004
Secretary of State

Entity Name: PENA-SAMPER MEDICAL ASSOCIATION INC.

Current Principal Place of Business:

7820 N ARMENIA AVE
STE B4
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15562
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 59-2938127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, MAX R
7820 N ARMENIA AVE
STE B
TAMPA, FL 33603 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:

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 ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PENA, MAX R
Address: 4204 CARROLLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33624

Title: VS () Delete
Name: SAMPER-PENA, CAROLIN, A S.
Address: 4204 CARROLLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: PERA-PERILLA, KATHERINE M
Address: 6619 LONG BAY LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PEÑA-PERILLA, KATHERINE M
Address: 6619 LONG BAY LANE
City-St-Zip: TAMPA, FL 33615

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: KATHERINE PEÑA-PERILLA

S

10/21/2004

Electronic Signature of Signing Officer or Director

Date