


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91444	
1. Entity Name ANABELLE MALDONADO-MEDINA, M.D., P.A.	

Principal Place of Business 1190 NE 95TH ST SUITE 204 MIAMI, FL 33150 US	Mailing Address 1190 NE 95TH ST SUITE 204 MIAMI, FL 33150 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03112008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0123120	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MALDONADO-MEDINA, ANABELLE MD 1190 N.W. 95TH ST. STE 204 MIAMI, FL 33150	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: A. Maldonado 3/27/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 305-836-5053

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, ANABELLE MD 1190 N.W. 95TH ST. 204 MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300121776293 04/01/08--01016--005 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Maldonado 3/27/8 305-836-5053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS