

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L05702

**FILED**  
**Dec 02, 2014**  
**Secretary of State**

**Entity Name:** JUAN RUIZ-UNGER, M.D., P.A.

**Current Principal Place of Business:**

8900 CORAL WAY  
SUITE 204  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8900 CORAL WAY  
SUITE 204  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 65-0151172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RUIZ-UNGER, JUAN  
8900 CORAL WAY  
SUITE 204  
MIAMI, FL 33165 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:** JUAN RUIZ-UNGER, MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** M.D  
**Name:** RUIZ-UNGER, JUAN,  
**Address:** 8900 CORAL WAY #204  
**City-St-Zip:** MIAMI, FL 33165

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:** JUAN RUIZ-UNGER

MD

12/02/2014

Electronic Signature of Signing Officer or Director

Date