

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000049136

**FILED**  
**Oct 23, 2014**  
**Secretary of State**

**Entity Name:** DR. EDWIN W. MALDONADO, M.D., P.L.

**Current Principal Place of Business:**

2501 S OCEAN DR #411  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

1211 CREEKSIDE DR  
WELLINGTON, FL 33414 UN

**Current Mailing Address:**

1211 CREEKSIDE DR  
WELLINGTON, FL 33414

**New Mailing Address:**

1211 CREEKSIDE DR  
WELLINGTON, FL 33414 UN

**FEI Number:** 20-4887717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALDONADO, EDWIN  
2501 S OCEAN DR  
HOLLYWOOD, FL 33019 US

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

MALDONADO, EDWIN  
1211 CREEKSIDE DR  
WELLINGTON, FL 33414 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: EDWIN MALDONADO

10/23/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MALDONADO, EDWIN W MR  
Address: 1211 CREEKSIDE DR  
City-St-Zip: WELLINGTON, FL 33414 UN

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: EDWIN MALDONADO

MGR

10/23/2014

Electronic Signature of Authorized Person

Date