

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M06939

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** ARMANDO A. SANTELICES, M.D., P.A.

**Current Principal Place of Business:**

10350 W BAY HARBOR DR  
6AB  
BAY HARBOR ISLANDS, FL 33154 US

**New Principal Place of Business:**

7151 SW 13TH STREET  
OKEECHOBEE, FL 34974 US

**Current Mailing Address:**

10350 W BAY HARBOR DR  
6AB  
BAY HARBOR ISLANDS, FL 33154 US

**New Mailing Address:**

7151 SW 13TH STREET  
OKEECHOBEE, FL 34974 US

**FEI Number:** 59-2459075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTELICES, ARMANDO A MD  
10350 W BAY HARBOR DR  
SUITE 6AB  
BAY HARBOR ISLANDS, FL 33154 US

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

SANTELICES, ARMANDO A MD  
7151 SW 13TH STREET  
OKEECHOBEE, FL 34974 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: LIDIA SANTELICES

10/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SANTELICES, ARMANDO A.  
Address: 7151 SW 13TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MRS  
Name: SANTELICES, LIDIA MGRM  
Address: 7151 SW 13 STREET  
City-St-Zip: OKEECHOBEE, FL 34974

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: LIDIA SANTELICES

MGRM

10/04/2010

Electronic Signature of Signing Officer or Director

Date