

2011 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 02, 2011
Secretary of State**

DOCUMENT# M36617

Entity Name: LUIS R. GARCIA-MAYOL M.D. P.A.

Current Principal Place of Business:

747 PONCE DE LEON BVVD
SUITE 605
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

747 PONCE DE LEON BVVD
SUITE 605
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2704570 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GARCIA-MAYOL, LUIS R. M.D.
747 PONCE DE LEON BLVD.
SUITE 605
CORAL GABLES, FL 33134 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: LUIS GARCIA-MAYOL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GARCIA-MAYOL, LUIS R.
Address: 747 PONCE DE LEON BLVD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

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: LUIS GARCIA-MAYOL

Electronic Signature of Signing Officer or Director

PRE

10/02/2011

Date