

2005 FOR PROFIT CORPORATION REINSTATEMENT

1092

DOCUMENT # P00000005908

1. Entity Name
GOOD SHEPHERD PRIMARY CARE, P.A.



FILED

05 MAY -3 PM 5:40

Principal Place of Business
1170 S EAN BLVD
STE D
ORLANDO, FL 32807

Mailing Address
1170 S EAN BLVD
STE D
ORLANDO, FL 32807

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

2. Principal Place of Business
1170 S. Semoran Blvd.
Suite, Apt. #, etc.
Suite D
City & State
Orlando, FL
Zip
32807
Country
Orange

3. Mailing Address
1170 S. Semoran Blvd.
Suite, Apt. #, etc.
Suite D
City & State
Orlando, FL
Zip
32807
Country
Orange



4292005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3619883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AVILES, MARIBEL
4711 CURRY FORD ROAD
SUITE C
ORLANDO, FL 32812

7. Name and Address of New Registered Agent
Name
Aviles, Maribel
Street Address (P.O. Box Number is Not Acceptable)
13650 Cristal River DR.
City
Orlando
FL
Zip Code
32828

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 *[Signature]* DATE 04-25-05

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILES, MARIBEL 1170 S SEAN BLVD STE D ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aviles, Maribel 1170 S. Semoran Blvd, Suite D Orlando, FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054680772 05/17/05--01057--005 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *[Signature]* DATE 4-26-05 DAYTIME PHONE # 407-353-8680

Good Shepherd Primary Care, P.A.

Maribel Aviles, M.D.

Board Certified Family Practice

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04/25/05

To Whom It May Concern:

Enclosed you'll find the 2005 for profit Corporation Reinstatement form.

I need to inform that due to incorrect addresses both for the business and personal we did not received the 2004 form. We have always filed on time. as you know from our previous record.

I appreciate any assistance you can provide me.

I am currently on maternity leave and my business associate/ Office Administrator is Lyzette Lorenz. You may contact her at 407-353-8680.

Sincerely,



Maribel Aviles M.D.