

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000018227

Entity Name: JOSE I. PRADERE MD,PA.

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

## **Current Principal Place of Business:**

1200 SW 20 STREET  
MIAMI, FL 33145

## **New Principal Place of Business:**

815 NW 57TH. AVE., STE. 110  
MIAMI, FL 33126

## **Current Mailing Address:**

C/O MARCOS A GUERRA CPA PA  
3663 SW 8TH STREET STE 210  
MIAMI, FL 33135

## **New Mailing Address:**

815 NW 57TH. AVE., STE. 110  
MIAMI, FL 33126

FEI Number: 65-0982315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRADERE, JOSE I MD  
1200 SW 20 ST  
MIAMI, FL 33145 US

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

PRADERE, JOSE I MD  
815 NW 57TH. AVE., STE. 110  
MIAMI, FL 33126 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: JOSE I. PRADERE

10/23/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PT  
Name: PRADERE, JOSE I  
Address: 815 NW 57TH. AVE., STE. 110  
City-St-Zip: MIAMI, FL 33126

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: JOSE I. PRADERE

PT

10/23/2014

Electronic Signature of Signing Officer or Director

Date