

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000066520

Entity Name: DOS PEDIATRICS, P.A.

**FILED**  
**Jan 31, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5142 CURRY FORD ROAD  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

**Current Mailing Address:**

5142 CURRY FORD ROAD  
ORLANDO, FL 32812 US

**New Mailing Address:**

FEI Number: 59-3657915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALONSO-LEJ, CHANTAL M MD  
5142 CURRY FORD ROAD  
ORLANDO, FL 32812 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: C ALONSO-LEJ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: ALONSO-LEJ, CHANTAL M  
Address: 5142 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812 US

Title: MD  
Name: CUBAS, JAMES DE J  
Address: 5142 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

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: C ALONSO-LEJ

MD

01/31/2013

Electronic Signature of Signing Officer or Director

Date