


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000090620		
1. Entity Name ANGEL E. GARRIDO, M.D., P.A.		

FILED
07 AUG -6 AM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5975 SUNSET DRIVE SUITE 403 MIAMI, FL 33143	Mailing Address 5975 SUNSET DRIVE SUITE 403 MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 351 NW LE JEUNE RD Suite, Apt. #, etc. Suite #204 City & State MIAMI FLORIDA Zip 33126 Country DADE	3. Mailing Address 351 NW LE JEUNE RD Suite, Apt. #, etc. Suite #204 City & State MIAMI FLORIDA Zip 33126 Country DADE
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07242007 REIN-P CR2E098 (1/07)

4. FEI Number 59-2820326	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARRIDO, ANGEL E 5975 SUNSET DRIVE SUITE 403 MIAMI, FL 33143	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 9/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GARRIDO, ANGEL E 5975 SUNSET DRIVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900108375749 08/21/07--01026--024 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRIDO, ANGEL E 5975 SUNSET DRIVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/07 305-6518876
Date Daytime Phone #