REINSTATEMENT

REMOTATEMENT										
DOCUMENT # P01000026171 1. Entity Name VIVO AND ALVAREZ M.D., PA							FILED			
							•			
Principal Place of Business Mailing Address							OCT 21 A	M 9: ևև		
8940 NORTH	I KENDALI I	DRIVE	8940 NORTH KENDALL DRIVE			Or	OCIZI N	() J. 44		
SUITE 901"	, KENDICE (VIW12	4SUITE 901				CRETARY O	TRATE		
MIAMI, FL 33176 MIAMI, FL 33176						5	- CKE FARE O	בי עמוטע		
2. Principal P	10\$\$	3. Mailing Address	lailing Address							
Dura Ana	44 - 4 -		Suite, Apt. #, etc.							
Suite, Apt. #, etc. SuitE 701			SUITE 701			10192004	REIN-P	CR2E098 (6/04))	
City & State			City & State			4. FEI Number	,	I IA	applied For	
Only & State			·			65-1088		 	lot Applicable	
Zip	o Country		Zip Coun		ry	· · · · · · · · · · · · · · · · · · ·				
·	,					5. Certificate of Status Desired		S8./5 Additional Fee Required		
	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent				
Name							• • • • • •	 	- ' ',	
VIVO, JOSE A 8348 SW 48 TERRACE Street Address (r is Not Acceptable			
		UE		ļ				<u>/</u>		
MIAMI, FL 33143										
				l l	City			Zip Co	do	
					City			FL Zip Co	ae	
			the purpose of changing its	registere	d office or register	ed agent, or both	, in the State of Flo	rida. I am familiar with	, and accept	
the obligations of registered agent.										
10-18-04										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE										
FILE NOWIII FEE IS \$750.00										
After Jar	nuary 1, 20	95, Fee will be \$900.0	0			}`)	
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE	Р		☐ Delete	TITLE	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Change		
NAME	VIVO, JO	SE A	NAME	1			<u> </u>			
STREET ADDRESS	REET ADDRESS 8940 N KENDALL DRIVE STE 901				ET ADDRESS				1	
CITY-ST-ZIP	ZIP MIAMI, FL 33176				·ST-ZIP					
TITLE	VP _ Delete							☐ Change	Addition '	
NAME	ALVAREZ	Z, WILFREDO J		NAME						
STREET ADDRESS	8940 N K	ENDALL DRIVE STE 90	1		ET ADDRESS					
CITY-ST-ZIP	MIAMI, FI		CITY-	ST-ZIP						
TITLE			☐ Defete	TITLE			j	☐ Change	☐ Addition	
NAME		-		- NAME	1 1	(n')				
STREET ADDRESS					ET ADDRESS	XII MILIX	\circ			
CITY-ST-ZIP				━	ST-ZIP	the total				
TITLE	}		☐ Delete	TITLE)	1. 1		☐ Change	☐ Addition	
NAME expect apposes	_			NAM	ET ADDRESS	•				
STREET ADDRESS CITY-ST-ZIP	ľ				-ST-ZIP					
	 		D					☐ Change	A4400	
TITLE NAME			☐ Delete	TITLE N am e		James Marie	المساد المال المساو الأساو الأساد			
STREET ADDRESS	}				ET ADDRESS	10/21	!!!!!!*{*	73932 016 **758.	77	
CITY-ST-ZIP	Ì				ST-ZIP	197617	UT-TU1U547	-U10 **(38.	13	
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAM	l					
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
12. I hereby	certify that th	e information supplied with	this filing does not qualify fo	r the exe	nption stated in Se	ction 119.07(3)(i), Florida Statutes. I	further certify that the	information	
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 all other like empowered.										
10-18-04										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone F										
,										

305-2715533