

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

06 SEP 13 PM 1:03

DOCUMENT # P01000065852

1. Entity Name  
ALVARO J. OCAMPO M.D., P.A.



Principal Place of Business  
10 N.W. LEJEUNE ROAD, SUITE 501  
MIAMI, FL 33126

Mailing Address  
10 N.W. LEJEUNE ROAD, SUITE 501  
MIAMI, FL 33126

**REINSTATEMENT**

SECRETARY OF STATE  
FLORIDA

05-06 RSC



09122006 REIN-P CR2E098 (11/05)

2. Principal Place of Business  
735 NW 22 AVE  
SUITE B

3. Mailing Address  
735 NW 22 AVE  
SUITE B

City & State  
MIAMI

City & State  
MIAMI

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

Zip  
33125

Country  
USA

Zip  
33125

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGLESIAS, MANUEL E ESQ.  
10 N.W. LEJEUNE ROAD, SUITE 501  
MIAMI, FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

735 NW 22 AVE SUITE B

City  
MIAMI

FL

Zip  
33125

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
D  
OCAMPO, ALVARO J  
5961 SW 81 STREET  
MIAMI, FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000079940840  
09/19/06--01017--018 \*\*\*300.00

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 approvals.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #