2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# P01000065852

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

Current Principal Place of Business:

770 PONCE DE LEON
101
CORAL GABLES, FL 33134 US

New Principal Place of Business:

664 EAST 25 TH STREET
102
HIALEAH, FL 33013 US

Current Mailing Address:

770 PONCE DE LEON
101
CORAL GABLES, FL 33134 US

New Mailing Address:

664 EAST 25 TH STREET
102
HIALEAH, FL 33013 US

FEI Number: 65-1125467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OCAMPO, ALVARO J
770 PONCE DE LEON
101
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

OCAMPO, ALVARO MD
664 EAST 25TH STREET
102
HIALEAH, FL 33013 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: ALVARO OCAMPO, MD, PA 10/08/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: OCAMPO, ALVARO J
Address: 5961 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: OCAMPO, ALVARO J
Address: 664 EAST 25TH STREET # 102
City-St-Zip: HIALEAH, FL 33013 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALVARO OCAMPO, MD. PA PSTD 10/08/2008
Electronic Signature of Signing Officer or Director Date