

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000065056

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** MANUEL A. OJEDA, MD, P.A.

**Current Principal Place of Business:**

6039 COLLINS AVE. #311  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

6039 COLLINS AVE. #311  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 01-0720868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEREDIA, JORGE D CPA  
1428 SW 124 PL  
MIAMI, FL 33184 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: JORGE D. HEREDIA CPA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** OJEDA, MANUEL A MD  
**Address:** 6039 COLLINS AVE. #311  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** SD  
**Name:** JIMENEZ, ALEXANDRA  
**Address:** 6039 COLLINS AVE. #311  
**City-St-Zip:** MIAMI BEACH, FL 33140

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: MANUEL A. OJEDA MD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/03/2011

\_\_\_\_\_  
Date