

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000078373

**Entity Name:** VICTOR PAZOS, M.D. P.A.

**FILED**  
**Oct 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7100 WEST 20 AVE  
G-166  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7100 WEST 20 AVE  
G-166  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 42-1546157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAZOS, VICTOR MD  
7100 WEST 20 AVE  
G-166  
HIALEAH, FL 33016 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:** VICTOR PAZOS

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PAZOS, VICTOR MD  
**Address:** 7100 WEST 20 AVE SUITE G-166  
**City-St-Zip:** HIALEAH, FL 33016

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:** VICTOR PAZOS

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

PRES

10/24/2011

\_\_\_\_\_  
Date