

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000118343

Entity Name: F. MAURICIO TIJERINO, M.D., P.A.

**FILED**  
**Apr 21, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1199 WEST FLAGLER ST #9  
MIAMI, FL 33130

**New Principal Place of Business:**

1199 WEST FLAGLER ST #9  
SUITE #9  
MIAMI, FL 33130 UN

**Current Mailing Address:**

1199 WEST FLAGLER ST #9  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 56-2298877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TIJERINO, F. MAURICIO  
1199 WEST FLAGLER ST #9  
MIAMI, FL 33130 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: F. MAURICIO TIJERINO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: TIJERINO, F. MAURICIO  
Address: 1199 WEST FLAGLER ST #9  
City-St-Zip: MIAMI, FL 33130

Title: TSD  
Name: TIJERINO, ADRIANA G  
Address: 1199 WEST FLAGLER ST #9  
City-St-Zip: MIAMI, FL 33130

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: F. MAURICIO TIJERINO

PVD

04/21/2014

Electronic Signature of Signing Officer or Director

Date