


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000132663 1. Entity Name RAFAEL PELEGRIN, MD, PA.	
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FILED
04 OCT 22 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 10800 SW 142ND AVENUE MIAMI, FL 33186	Mailing Address 10800 SW 142ND AVENUE MIAMI, FL 33186
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2. Principal Place of Business 330 SW 27TH AVE. Suite, Apt. #, etc. 404	3. Mailing Address Suite, Apt. #, etc.
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10202004 REIN-P CR2E098 (6/04)

City & State MIAMI, FLORIDA Zip 33135 Country DADE	City & State FLORID Zip Country
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4. FEI Number 57-1140873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PB&A FINANCIAL SERVICES, CORP. 13935 NW 1ST AVENUE MIAMI, FL 33168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELEGRIN, RAFAEL	NAME	
STREET ADDRESS	10800 SW 142ND AVENUE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33186	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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10/22/04--01069--003 **150.00

10/21/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: _____ Date: 10/21/04 Daytime Phone #: (786) 457-8530