2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000015165

Entity Name: ROBERT A. PUIG, M.D., P.A.

FILED Oct 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7265 SW 93 AVE 7265 SW 93 AVE MIAMI, FL 33173 SUITE 201 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

7265 SW 93 AVE 7265 SW 93 AVE MIAMI, FL 33173 SUITE 201 MIAMI, FL 33173

FEI Number: 56-2320504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI, FL 33133 US PUIG, ROBERT A 6000 SW. 112TH STREET PINECREST, FL 33156 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: ROBERT A. PUIG, MD 10/20/2004

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition Name: PUIG, ROBERT A M.D. Name: PUIG, ROBERT A M.D.

 Name:
 PUIG, ROBERT A M.D.
 Name:
 PUIG, ROBERT A M.D.

 Address:
 7265 SW 93 AVE
 Address:
 6000 SW. 112TH STREET

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A. PUIG, MD PRES 10/20/2004