

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000113779

**FILED**  
**Oct 23, 2008**  
**Secretary of State**

**Entity Name:** KISSIMMEE MEDICAL SPECIALTIES, P.A.

**Current Principal Place of Business:**

701 E OAK STREET  
SUITE A  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

701 E OAK STREET  
SUITE A  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 20-0298354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMARGO, GUSTAVO A M.D.  
701 E OAK STREET  
SUITE A  
KISSIMMEE, FL 34744 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:** GUSTAVO A CAMARGO

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTD ( ) Delete  
**Name:** CAMARGO, GUSTAVO A M.D.  
**Address:** 701 E OAK STREET, SUITE A  
**City-St-Zip:** KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** GUSTAVO A CAMARGO

PTD

10/23/2008

Electronic Signature of Signing Officer or Director

Date

P03000113779

November 17, 2008

Florida Department of State  
Secretary of State  
Division of Corporations  
**ATTN: Mrs. Michelle Milligan**  
P.O. Box 8700  
Tallahassee, Florida 32314

JM  
10/23/08

RE: Document # P03000113779

Please be advised that the attached letter was mailed on October 31, 2008. Per Mr. Tyrone Scott apparently the letter was never received in your office. Would you be so kind to review my attached letter and take the following information into consideration. Thank you in advance for your prompt attention.

Kindest Regards,

  
Gustavo A. Camargo

Ph# 407-944-0277

check payable to Corp. + Mailed to  
mailing address of Corp.

# KISSIMMEE MEDICAL SPECIALTIES

October 31, 2008

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, Florida 32314

RE: Document # P03000113779

To Whom It May Concern:

Please be advised that we never received a notice of reinstatement in the mail until October 23, 2008. We paid \$750.00 online (confirmation #600137222976) but we accidentally did not see the box to check off, stating that we never received a notice prior to October 23, 2008. Please be so kind to reimburse us the accidentally overpaid amount of \$600.00.

Thank you very much for your cooperation. If you have any questions please do not hesitate to contact me.

Sincerely,

  
Gustavo A. Camargo