

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000145847

**FILED  
Jan 11, 2010  
Secretary of State**

**Entity Name:** MARCELINO ALVAREZ, P.A.

**Current Principal Place of Business:**

12460 NW 15TH STREET  
APT. 6203  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

12460 NW 15TH STREET  
APT. 6203  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 20-0565650      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALVAREZ, MARCELINO  
12460 NW 15TH STREET  
APT. 6203  
SUNRISE, FL 33323 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:** MARCELINO ALVAREZ  
\_\_\_\_\_  
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:**

**Title:** DR.  
**Name:** ALVAREZ, MARCELINO  
**Address:** 12460 N.W. 15TH STREET  
**City-St-Zip:** SUNRISE, FL 33323

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:** MARCELINO ALVAREZ, M.D.      PRES      01/11/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date