

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000152383

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** LUCILLE FRIAL-CARRASCO, D.O., P.A.

**Current Principal Place of Business:**

7200 W. COMMERCIAL BLVD.  
SUITE 201  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

15230 SW 51 STREET  
DAVIE, FL 33331

**Current Mailing Address:**

7200 W. COMMERCIAL BLVD.  
SUITE 201  
LAUDERHILL, FL 33319

**New Mailing Address:**

15230 SW 51 STREET  
DAVIE, FL 33331

**FEI Number:** 20-0531031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIAL-CARRASCO, LUCILLE M D.O.  
15230 SW 51ST STREET  
DAVIE, FL 33331 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:** LUCILLE FRIAL-CARRASCO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P,D  
**Name:** FRIAL-CARRASCO, LUCILLE M D.O.  
**Address:** 15230 SW 51ST STREET  
**City-St-Zip:** DAVIE, FL 33331

**Title:** V  
**Name:** CARRASCO, EDSSEL CALSO  
**Address:** 15230 SW 51 STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33331

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:** LUCILLE FRIAL-CARRASCO

P

02/28/2012

Electronic Signature of Signing Officer or Director

Date