

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000099971

FILED  
Sep 30, 2005  
Secretary of State

Entity Name: JENNINE M. CABANELLAS, M.D., P.A.

## Current Principal Place of Business:

777 EAST 25 STREET  
SUITE 412-414  
HIALEAH, FL 33013 US

## New Principal Place of Business:

## New Mailing Address:

2451 BRICKELL AVE  
11 M  
MIAMI, FL 33129 US

## Current Mailing Address:

777 EAST 25 STREET  
SUITE 412-414  
HIALEAH, FL 33013 US

FEI Number: 84-1651252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABANELLAS, JENNINE M  
2451 BRICKELL AVENUE  
11M  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

CABANELLAS, JENNINE M MD, PA  
2451 BRICKELL AVENUE  
11M  
MIAMI, FL 33129 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: JENNINE M CABANELLAS

09/30/2005

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: P ( ) Delete  
Name: CABANELLAS, JENNINE M  
Address: 2451 BRICKELL AVENUE #11M  
City-St-Zip: MIAMI, FL 33129 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: CABANELLAS, JENNINE M MD, PA  
Address: 2451 BRICKELL AVENUE #11M  
City-St-Zip: MIAMI, FL 33129 US

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: JENNINE M CABANELLAS

DR.

09/30/2005

Electronic Signature of Signing Officer or Director

Date