

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000002308

Entity Name: ARLES PERDOMO M.D. PA

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4155 S.W. 130TH AVENUE  
#113 AND 114  
MIAMI, FL 33176

## **New Principal Place of Business:**

9835 SW 72ST #204  
MIAMI, FL 33173

## **Current Mailing Address:**

4155 S.W. 130TH AVENUE  
#113 AND 114  
MIAMI, FL 33176

## **New Mailing Address:**

9835 SW 72ST #204  
MIAMI, FL 33173

FEI Number: 20-2113493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERDOMO, ARLES  
7000 SW 97 AVE  
SUITE #110  
MIAMI, FL 33176 US

## **Name and Address of New Registered Agent:**

PERDOMO, ARLES  
9835 SW 72ST #204  
MIAMI, FL 33173 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: ARLES PERDOMO

03/05/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: PERDOMO, ARLES  
Address: 9835 SW 72 ST #204  
City-St-Zip: MIAMI, FL 33173

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: ARLES PERDOMO

P

03/05/2012

Electronic Signature of Signing Officer or Director

Date