

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000011069

FILED  
Aug 05, 2014  
Secretary of State

**Entity Name:** JOSE IGNACIO LOPEZ, M.D., P.A.

**Current Principal Place of Business:**

6101 WEBB RD STE 209  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6101 WEBB RD STE 209  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 20-2444201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ, JOSE I M.D.  
6101 WEBB RD STE 209  
TAMPA, FL 33615 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: JOSE I LOPEZ MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOPEZ, JOSE I M.D.  
Address: 6101 WEBB RD STE 209  
City-St-Zip: TAMPA, FL 33615

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: JOSE I LOPEZ MD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/05/2014

\_\_\_\_\_  
Date