2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMÉNT # P05000039497 1. Entity Name 06 OCT 19 PM 2: 03 VALDIVIA FAMILY PRACTICE, P.A. SECKE AND UPSTATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2925 10 AVE. NORTH, STE, 201 A 2925 10 AVE. NORTH, STE, 201 A LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. /10132006 REIN-P CR2E098 (11/05) City & State City & State ▲ FEI Number Applied For **0** 3 05 57533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA, AMALIO Street Address (P.O. Box Number is Not Acceptable) 2925 10 AVE., STE. 201A LAKE WORTH, FL 33461 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent DATE FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE 300081149413 10/24/06--01029--014 **150.00 Delete TITLE NAME **ESEALANTE, JORGE L** NAME STREET ADDRESS 2925 10 AVE NORTH, STE 201A STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 DTY-ST-7P TITLE ☐ Delete yee! grew TITLE Change ■ Addition Henera DiA NAME HERRERA, AMALIO CilmSTREET ADDRESS 2925 10 ANE NORTH, STE 201A 10 AVE NOT STREET ADDRESS CITY-ST-ZIF LAKE WORTH, FL 33461 CITY-ST-ZE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: