

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000167868

**FILED**  
**Aug 23, 2012**  
**Secretary of State**

**Entity Name:** JULIO ORTIZ, M.D. MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

11760 SW 40TH ST  
MIAMI, FL 33195

**New Principal Place of Business:**

11760 SW 40TH ST  
SUITE 429  
MIAMI, FL 33195

**Current Mailing Address:**

11760 SW 40TH ST  
MIAMI, FL 33195

**New Mailing Address:**

11760 SW 40TH ST  
SUITE 429  
MIAMI, FL 33195

**FEI Number:** 20-4025480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARMANDO E. LACASA, P.A.  
701 BRICKELL AVE., 19TH FLOOR  
MIAMI, FL 33131 US

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

ORTIZ, JULIO MD  
1760 BIRD ROAD  
SUITE 429  
MIAMI, FL 33175 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: JULIO ORTIZ, M.D.

08/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ORTIZ, JULIO MD  
Address: 11760 SW 40TH ST., #429  
City-St-Zip: MIAMI, FL 33175

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: JULIO ORTIZ, M.D.

MD

08/23/2012

Electronic Signature of Signing Officer or Director

Date