

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000006343

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** EMMANUEL G. ACOSTA, MD P.A.

**Current Principal Place of Business:**

5850 MARLAKE DRIVE  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

907 N PINE HILLS ROAD  
ORLANDO, FL 32808 US

**Current Mailing Address:**

5850 MARLAKE DRIVE  
ORLANDO, FL 32839 US

**New Mailing Address:**

907 N PINE HILLS ROAD  
ORLANDO, FL 32808 US

**FEI Number:** 20-4144409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOAKNATH, K B  
8818 COMMODITY CIR  
STE 42  
ORLANDO, FL 32819 US

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

LOAKNATH, KB  
8818 COMMODITY CIR  
STE 42  
ORLANDO, FL 32819 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: KB LOAKNATH

10/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: ACOSTA, EMMANUEL G  
Address: 907 N PINE HILLS ROAD  
City-St-Zip: ORLANDO, FL 32808 US

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: EMMANUEL G ACOSTA

P

10/06/2010

Electronic Signature of Signing Officer or Director

Date