

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 16, 2009
Secretary of State**

DOCUMENT# P06000113101

Entity Name: MICHAEL F. LEE, M.D., P.A.

Current Principal Place of Business:

7887 N. KENDALL DR
SUITE 230
MIAMI, FL 33156

New Principal Place of Business:

New Mailing Address:

7887 N. KENDALL DR
SUITE 230
MIAMI, FL 33156

Current Mailing Address:

7549 SW 58TH AVENUE
MIAMI, FL 33143

FEI Number: 20-5467439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, MICHAEL F M.D.
7887 N. KENDALL DR
SUITE 230
MIAMI, FL 33156 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: MICHAEL F. LEE, M.D.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LEE, MICHAEL F M.D.
Address: 7887 N. KENDALL DR., 230
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL F. LEE, M.D.

Electronic Signature of Signing Officer or Director

DR.

12/16/2009

Date