

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000145304

FILED
Dec 04, 2008
Secretary of State

Entity Name: LUIS A PELLICIA, M.D. P.A.

Current Principal Place of Business:

1039 ALGARE LOOP
WINDERMERE, FL 34786

New Principal Place of Business:

303 CORSICA CT
KISSIMMEE, FL 34758

Current Mailing Address:

1039 ALGARE LOOP
WINDERMERE, FL 34786

New Mailing Address:

303 CORSICA CT
KISSIMMEE, FL 34758

FEI Number: 20-5917572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PELLICIA, LUIS A
1039 ALGARE LOOP
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

PELLICIA, LUIS A
303 CORSICA CT
KISSIMMEE, FL 34758 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: LUIS A. PELLICIA M.D.

12/04/2008

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: PSD () Delete
Name: PELLICIA, LUIS A
Address: 1039 ALGARE LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: VTD () Delete
Name: PELLICIA, YOSELYN
Address: 1039 ALGARE LOOP
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PELLICIA, LUIS A
Address: 303 CORSICA CT
City-St-Zip: KISSIMMEE, FL 34758

Title: VTD (X) Change () Addition
Name: BURGOS, MELISSA
Address: 303 CORSICA CT
City-St-Zip: KISSIMMEE, FL 34758

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: LUIS A. PELLICIA M.D.

PSD

12/04/2008

Electronic Signature of Signing Officer or Director

Date