

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000145304

**FILED**  
**Dec 13, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

303 CORSICA CT  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

302 BOB BULLOCK LOOP APT 11106  
LAREDO, TX 78043

**New Mailing Address:**

5101 COOS BAY  
LAREDO, TX 78041

**FEI Number:** 20-5917572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PELLICIA, LUIS A  
303 CORSICA CT  
KISSIMMEE, FL 34758 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: LUIS A PELLICIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: PELLICIA, LUIS A  
Address: 303 CORSICA CT  
City-St-Zip: KISSIMMEE, FL 34758

Title: VSD  
Name: RODRIGUEZ, STEPHANIE  
Address: 302 BOB BULLOCK LOOP APT 11106  
City-St-Zip: LAREDO, TX 78043

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: LUIS A PELLICIA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSD

12/13/2013

\_\_\_\_\_  
Date