

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000047668

Entity Name: A,ROBAINA,MD,P.A.

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

12325 CREEK EDGE DR  
RIVERVIEW, FL 33569 US

## **New Principal Place of Business:**

620 E BLOOMINGDALE AVE  
BRANDON, FL 33511 US

## **Current Mailing Address:**

P.O.BOX 2009  
RIVERVIEW, FL 335682009 US

## **New Mailing Address:**

FEI Number: 74-3211964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBAINA, ASHLEY MD  
12325 CREEK EDGE DR  
RIVERVIEW, FL 33569 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: ASHLEY ROBAINA MD

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: P  
Name: ROBAINA, ASHLEY MD  
Address: P.O. BOX 2009  
City-St-Zip: RIVERVIEW, FL 335682009 US

Title: VP  
Name: ROBAINA, VIVIAN  
Address: P.O. BOX 2009  
City-St-Zip: RIVERVIEW, FL 335682009

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: VIVIAN ROBAINA

VP

03/03/2010

Electronic Signature of Signing Officer or Director

Date