

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000116703

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** PATRICIA JUNQUERA-HERRERA, M.D., P.A.

**Current Principal Place of Business:**

7700 SW 109TH ST.  
PINECREST, FL 33156

**New Principal Place of Business:**

401 CORAL WAY  
SUITE 208A  
CORAL GABLES, FL 33134

**Current Mailing Address:**

7700 SW 109TH ST.  
PINECREST, FL 33156

**New Mailing Address:**

401 CORAL WAY  
SUITE 208A  
CORAL GABLES, FL 33134

**FEI Number:** 26-1323038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUNQUERA-HERRERA, PATRICIA  
7700 SW 109TH ST.  
PINECREST, FL 33156 US

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

THE MEDI-LAW FIRM  
1400 NW 10 AVENUE  
PH III  
MIAMI, FL 33136 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: MAX A. ADAMS

10/08/2009

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: DR. ( ) Delete  
Name: JUNQUERA-HERRERA, PATRICIA M.D.  
Address: 7700 SW 109TH ST.  
City-St-Zip: PINECREST, FL 33156 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: JUNQUERA, PATRICIA M.D.  
Address: 401 CORAL WAY, SUITE 208A  
City-St-Zip: CORAL GABLES, FL 33134 US

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: PATRICIA JUNQUERA

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date