

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000046307

**FILED  
Aug 10, 2011  
Secretary of State**

**Entity Name:** MIGUEL BUXEDA M.D., P.A.

**Current Principal Place of Business:**

13266 SW 8 ST  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

13266 SW 8 ST  
MIAMI, FL 33184

**New Mailing Address:**

**FEI Number:** 26-2581914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUXEDA, MIGUEL M.D.  
13266 SW 8 ST  
MIAMI, FL 33184 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: MIGUEL BUXEDA, M.D.

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BUXEDA, MIGUEL M.D.  
Address: 13266 SW 8 ST  
City-St-Zip: MIAMI, FL 33184

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: MIGUEL BUXEDA, M.D.

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

DPS

08/10/2011

\_\_\_\_\_  
Date