

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAY -4 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000028913

1. Corporation Name

Frederick R. Yturralde, M.D., P.A.

2. Principal Office Address - No P.O. Box #

1841 N. Lake Shore Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

3. Mailing Office Address

PO Box 15529

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34277

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/2009

5. FEI Number

27-4552687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name

Frederick Yturralde
1841 N Lake Shore Dr.

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

Sarasota

FL

State

Zip Code

FL

34231

700273529997
06/02/15--01002--006 **150.00
900285423649
05/04/16--01024--003 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/20/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DR	Frederick R. Yturralde	1841 N. Lake Shore Dr	Sarasota, FL 34231
DR	Jennifer Goodman	1841 N. Lake Shore Dr	Sarasota, FL 34231

REINSTATEMENT

2014-2016

10. E-mail Address: Jennifer. Goodman @ bluepearlvet.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/16

Daytime Phone #