

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000046060

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** LEON CAMILO URIBE, MD, P.A.

**Current Principal Place of Business:**

420 SOUTH SR 7  
SUITE 170  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

420 SOUTH SR 7  
SUITE 170  
ROYAL PALM BEACH, FL 33414

**Current Mailing Address:**

420 SOUTH SR 7  
SUITE 170  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

420 SOUTH SR 7  
SUITE 170  
ROYAL PALM BEACH, FL 33414

**FEI Number:** 27-0254743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URIBE, LEON C MD  
216 SEDONA WAY  
PALM BEACH GARDENS, FL 33418 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: LEON C. URIBE, MD

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: URIBE, LEON C MD  
Address: 216 SEDONA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LEON C. URIBE, MD

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

PRES

10/02/2012

\_\_\_\_\_  
Date