

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000067389

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Entity Name:** MELISSA VILARDEBO, MD, P.A.

**Current Principal Place of Business:**

1119 NIKKI VIEW DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1119 NIKKI VIEW DRIVE  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 80-0544347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILARDEBO, MELISSA MD  
1119 NIKKI VIEW DRIVE  
BRANDON, FL 33511 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:** MELISSA VILARDEBO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** VILARDEBO, MELISSA MD  
**Address:** 1119 NIKKI VIEW DRIVE  
**City-St-Zip:** BRANDON, FL 33511

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:** MELISSA VILARDEBO

MD

10/04/2014

Electronic Signature of Signing Officer or Director

Date