

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000025428

**FILED
Apr 09, 2012
Secretary of State**

Entity Name: L & P MEDICAL SOLUTIONS CORP

Current Principal Place of Business:

3471 NE 15 DRIVE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

3471 NE 15 DRIVE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ACOSTA, LEONOR
3471 NE 15 DRIVE
HOMESTEAD, FL 33033 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: LEONOR ACOSTA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ACOSTA, LEONOR
Address: 3471 NE 15 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

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: LEONOR ACOSTA

Electronic Signature of Signing Officer or Director

P

04/09/2012

Date