

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000096072

**Entity Name:** JAVIER A. NIEVES, M.D., P.A.

**FILED**  
**Dec 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1175 E KENNEDY BLVD N 735  
TAMPA, FL 33602

**New Principal Place of Business:**

1220 E CUMBERLAND AVE #305  
TAMPA, FL 33602

**Current Mailing Address:**

1175 E KENNEDY BLVD N 735  
TAMPA, FL 33602

**New Mailing Address:**

1220 E CUMBERLAND AVE #305  
TAMPA, FL 33602

**FEI Number:** 46-4614747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAMOS, JOSE S  
2344 CRESTOVER LN  
WESLEY CHAPEL, FL 33544 US

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

NIEVES, JAVIER A  
1220 E CUMBERLAND AVE #305  
TAMPA, FL 33602 US

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: JAVIER NIEVES

12/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: NIEVES, JAVIER A  
Address: 1220 E CUMBERLAND AVE #305  
City-St-Zip: TAMPA, FL 33602

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: JAVIER NIEVES

DR

12/14/2013

Electronic Signature of Signing Officer or Director

Date