

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 27, 2005  
Secretary of State**

DOCUMENT# P92000003526

Entity Name: LUIS R. MACEIRA, M.D., P.A.

**Current Principal Place of Business:**

**New Principal Place of Business:**

5821 BAYVIEW DR.  
FT. LAUDERDALE, FL 33308 US

**Current Mailing Address:**

**New Mailing Address:**

5821 BAYVIEW DR.  
FT. LAUDERDALE, FL 33308 US

FEI Number: 65-0435316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

MACEIRA, LUIS R MD,PA  
4109 GRANT ST.  
SUITE C-301  
HOLLYWOOD, FL 33021 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: LUIS R. MACEIRA, MD

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

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR.      ( ) Delete  
Name: MACEIRA, LUIS R M.D.  
Address: 5821 BAYVIEW DR.  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MRS.      ( ) Delete  
Name: MACEIRA, LUSAIDA  
Address: 5821 BAYVIEW DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS R. MACEIRA

DR.

09/27/2005

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

\_\_\_\_\_  
Date