

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000049597

FILED
Jan 06, 2009
Secretary of State

Entity Name: PETER MARTINEZ-NODA, D.O., P.A.

Current Principal Place of Business:

7000 SOUTHWEST 97TH AVENUE
SUITE 101
MIAMI, FL 33173 US

New Principal Place of Business:

7000 SOUTHWEST 97TH AVENUE
SUITE 100
MIAMI, FL 33173 US

Current Mailing Address:

7000 SOUTHWEST 97TH AVENUE
SUITE 101
MIAMI, FL 33173 US

New Mailing Address:

7000 SOUTHWEST 97TH AVENUE
SUITE 100
MIAMI, FL 33173 US

FEI Number: 65-0418515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, PETER N DR
7000 SOUTHWEST 97TH AVENUE
SUITE 101
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

MARTINEZ, PETER N DR
7000 SOUTHWEST 97TH AVENUE
SUITE 100
MIAMI, FL 33173 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: PETER MARTINEZ NODA DOCTOR

01/06/2009

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:

Title: PS () Delete
Name: MARTINEZ-NODA, PETER
Address: 7000 SOUTHWEST 97TH AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MARTINEZ-NODA, PETER
Address: 7000 SOUTHWEST 97TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR PETER MARTINEZ NODA

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date