

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 04, 2011  
Secretary of State**

DOCUMENT# P94000045565

Entity Name: RAMON MOREDA, M.D., P.A.

**Current Principal Place of Business:**

526 MADEIRA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 141219  
MIAMI, FL 33114

**New Mailing Address:**

FEI Number: 65-0500028      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MOREDA, RAMON M.D.  
526 MADEIRA AVE  
CORAL GABLES, FL 33134      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: RAMON MOREDA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MOREDA, RAMON M.D.  
Address: 526 MADEIRA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: RAMON MOREDA

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

D

10/04/2011

\_\_\_\_\_  
Date