

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000079643

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** VICENTE RODRIGUEZ, M.D., P.A.

**Current Principal Place of Business:**

8200 SW 117TH AVENUE  
300  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

8200 SW 117TH AVENUE  
300  
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number:** 65-0781819      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RODRIGUEZ, VICENTE M.D.  
15590 S.W. 26 TER  
MIAMI, FL 33185 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: VICENTE RODRIGUEZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RODRIGUEZ, VICENTE M.D.  
Address: 15590 S.W. 26 TER  
City-St-Zip: MIAMI, FL 33185 US

Title: ST  
Name: HERNANDEZ, TERESITA J M.D.  
Address: 15590 S.W. 26 TER  
City-St-Zip: MIAMI, FL 33185 US

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: VICENTE RODRIGUEZ

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

PRES

02/10/2011

\_\_\_\_\_  
Date