

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN -6 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094362

1. Entity Name
QUINTINA B. CORTEZA, M.D., P.A.



Principal Place of Business
104 E DIXIE AVE
LEESBURG, FL 34748

Mailing Address
104 E DIXIE AVE
LEESBURG, FL 34748

2. Principal Place of Business - No P.O. Box #
401 E. North Blvd
Suite. Apt. #, etc.
Suite 102
City & State
Leesburg, FL
Zip
34748 Country
U.S.A.

3. Mailing Address
401 E. North Blvd
Suite. Apt. #, etc.
Suite 102
City & State
Leesburg, FL
Zip
34748 Country
U.S.A.

REINSTATEMENT

4. FEI Number
59-3478666

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORTEZA, QUINTINA
104 E DIXIE AVE
LEESBURG, FL 34748

7. Name and Address of New Registered Agent
Name
Cortez, Quintina
Street Address (P.O. Box Number is Not Acceptable)
401 E. North Blvd.
Suite 102
City
Leesburg FL Zip Code
34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Quintina Cortez DATE 5/31/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CORTEZA, QUINTINA B 11 HERMOSA DR EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Cortez, Quintina B 1700 BENTLEY RD Leesburg, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300104255183 06/12/07--01013--012 ***308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Quintina Cortez Date: 352-314-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR