

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000100240

**Entity Name:** RAMONA ARIAS, M.D., P.A.

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4880 49TH ST. N.  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60731  
SAINT PETERSBURG, FL 337840731

**New Mailing Address:**

4880 49TH ST. N.  
ST. PETERSBURG, FL 33709

**FEI Number:** 59-3479113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARIAS, RAMONA  
4880 49TH ST. N.  
ST. PETERSBURG, FL 33709 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: RAMONA ARIAS

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ARIAS, RAMONA  
Address: 1942 DOLPHIN BLVD. S.  
City-St-Zip: ST. PETERSBURG, FL 33707

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: RAMONA ARIAS

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

PRES

02/10/2011

\_\_\_\_\_  
Date