

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000022099

**FILED**  
**May 16, 2012**  
**Secretary of State**

**Entity Name:** BERNARDO SAVARIEGO M.D.P.A.

**Current Principal Place of Business:**

18305 BISCAYNE BLVD.  
SUITE 240  
AVENTURA, FL 33160

**New Principal Place of Business:**

12550 BISCAYNE BLVD.  
SUITE 209  
NORTH MIAMI, FL 33181 UN

**Current Mailing Address:**

18305 BISCAYNE BLVD.  
SUITE 240  
AVENTURA, FL 33160

**New Mailing Address:**

12550 BISCAYNE BLVD.  
SUITE 209  
NORTH MIAMI, FL 33181 UN

**FEI Number:** 65-0837363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SAVARIEGO, BERNARDO  
18305 BISCAYNE BLVD  
SUITE 240  
AVENTURA, FL 33160 US

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

SAVARIEGO, BERNARDO  
12550 BISCAYNE BLVD  
SUITE 209  
NORTH MIAMI, FL 33181 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: BERNARDO SAVARIEGO

05/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SAVARIEGO, BERNARDO  
Address: 12550 BISCAYNE BLVD. # 209  
City-St-Zip: NORTH MIAMI, FL 33181

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: BERNARDO SAVARIEGO

PSD

05/16/2012

Electronic Signature of Signing Officer or Director

Date