

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000022454

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** RAMON QUESADA, M.D., P.A.

**Current Principal Place of Business:**

8950 N KENDALL DRIVE  
SUITE 501  
MIAMI, FL 331763

**New Principal Place of Business:**

**Current Mailing Address:**

200 S. BISCAYNE BLVD., 6TH FLOOR  
C/O BARRY BRANT  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-0818686      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BRANT, BARRY M C.P.A.  
200 S BISCAYNE BLVD  
6TH FL  
MIAMI, FL 33131 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: BARRY BRANT CPA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUESADA, RAMON M.D.  
Address: 8950 N KENDALL DRIVE, SUITE 501  
City-St-Zip: MIAMI, FL 33176

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 QUESADA MD

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

P

10/05/2010

\_\_\_\_\_  
Date