

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000060988

FILED
Oct 01, 2014
Secretary of State

Entity Name: PRO STAR PEDIATRICS P.A.

Current Principal Place of Business:

C/O LARITSSA P. COBIAN, M.D.
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

New Principal Place of Business:

C/O LARITSSA P. COBIAN, M.D.
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810 UN

Current Mailing Address:

C/O LARITSSA P. COBIAN, M.D.
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

New Mailing Address:

C/O LARITSSA P. COBIAN, M.D.
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810 UN

FEI Number: 59-3521364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBIAN, ALBERTO S MR
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810 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: ALBERTO S COBIAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: COBIAN, LARITSSA P M.D.
Address: 8701 MAITLAND SUMMIT BLVD.
City-St-Zip: ORLANDO, FL 32810

Title: MD
Name: COBIAN, LARITSSA
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, OR 32810

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Title: MD
Name: COBIAN, LARITSSA
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, OR 32810

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: ALBERTO S COBIAN

MR

10/01/2014

Electronic Signature of Signing Officer or Director

Date