

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000075467

**FILED**  
**Jul 19, 2012**  
**Secretary of State**

**Entity Name:** GONZALEZ, ABREU & FERNANDEZ, M.D., P.A.

**Current Principal Place of Business:**

7150 W 20 AVE STE 202  
HIALEAH, FL 33016

**New Principal Place of Business:**

7150 W. 20 AVE.  
202  
HIALEAH, FL 33016

**Current Mailing Address:**

7150 W 20 AVE STE 202  
HIALEAH, FL 33016

**New Mailing Address:**

7150 W. 20 AVE.  
202  
HIALEAH, FL 33016

**FEI Number:** 65-0860244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABREU, JOSE J  
7150 W 20 AVE STE 202  
HIALEAH, FL 33016 US

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

ABREU, JOSE J  
7150 W. 20 AVE.  
202  
HIALEAH, FL 33016 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: JOSE J. ABREU

07/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, ROLANDO  
Address: 7150 W 20 AVE STE 202  
City-St-Zip: HIALEAH, FL 33016

Title: VD  
Name: ABREU, JOSE J  
Address: 7150 W 20 AVE STE 202  
City-St-Zip: HIALEAH, FL 33016

Title: TD  
Name: FERNANDEZ, HECTOR  
Address: 7150 W 20 AVE STE 202  
City-St-Zip: HIALEAH, FL 33016

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: JOSE J. ABREU

VD

07/19/2012

Electronic Signature of Signing Officer or Director

Date