

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000100458

**FILED**  
**Jun 18, 2013**  
**Secretary of State**

**Entity Name:** MARIANNA OB/GYN ASSOCIATES, INC.

**Current Principal Place of Business:**

4230 HOSPITAL DRIVE  
SUITE 209  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

4230 HOSPITAL DRIVE  
SUITE 209  
MARIANNA, FL 32446 US

**New Mailing Address:**

**FEI Number:** 59-3537638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MUNIZ, ORLANDO S MD  
4230 HOSPITAL DR  
SUITE 209  
MARIANNA, FL 32446 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: ORLANDO S. MUNIZ, M.D.

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: MUNIZ, ORLANDO S M.D.  
Address: 4230 HOSPITAL DR STE 209  
City-St-Zip: MARIANNA, FL 32446

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: ORLANDO S. MUNIZ, M.D.

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

DIR

06/18/2013

\_\_\_\_\_  
Date