


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000031952		
1. Entity Name JULIO ROBLA, M.D., P.A.		

Principal Place of Business 12900 OLD CUTLER RD PINECREST, FL 33156	Mailing Address 12900 OLD CUTLER RD PINECREST, FL 33156
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2. Principal Place of Business JULIO ROBLA M.D.P.A. Suite, Apt. #, etc. 8940 N. KENDALL DR #101E City & State MIAMI, FL Zip 33176 Country USA	3. Mailing Address JULIO ROBLA, M.D., P.A. Suite, Apt. #, etc. 635 DESTACADA AVE. City & State CORAL GABLES, FL. Zip 33156-8001 Country USA
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FILED
06 OCT 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142006	REIN-P	CR2E098 (11/05)	05-06
4. FEI Number 65-0910752		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBLA, JULIO 12900 OLD CUTLER RD PINECREST, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 635 DESTACADA AVE CORAL GABLES, FL City CORAL GABLES FL Zip Code 33156-8001
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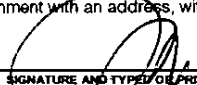
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBLA, JULIO 12900 OLD CUTLER RD PINECREST, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	635 DESTACADA AVE CORAL GABLES, FL 33156-8001
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081058118 10/20/06--01008--006 **300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  8/17/06 305-371-6200 X111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #