

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000059459

Entity Name: M.A.A. OB/GYN, INC.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

3659 SOUTH MIAMI AVE
6001
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3659 SOUTH MIAMI AVE
6001
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0935179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, MIGUEL
3659 SOUTH MIAMI AVE
6001
MIAMI, FL 33133 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: MIGUEL A. ALBERT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBERT, MIGUEL A
Address: 3659 S MIAMI AVE #6001
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIGUEL A. ALBERT

P

10/12/2009

Electronic Signature of Signing Officer or Director

Date