

**2009 FOR PROFIT CORPORATION  
REINSTATEMENT**


**FILED**

09 OCT 19 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060268

1. Entity Name  
MICHAEL CORTELLI, M.D., P.A.



Principal Place of Business  
~~278 S MOON AVE.~~  
BRANDON, FL 33511

Mailing Address  
~~278 S MOON AVE.~~  
BRANDON, FL 33511

2. Principal Place of Business - No P.O. Box #  
11141 NORTHSTAR STREET  
Suite, Apt. #, etc.

3. Mailing Address  
11141 NORTHSTAR STREET  
Suite, Apt. #, etc.

City & State  
DAVIE, FLORIDA

City & State  
DAVIE, FLORIDA

Zip Country  
33324 USA

Zip Country  
33324 USA



09112009 REIN-P CR2E098 (1/07)

4. FEI Number  
59-3585052

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORTELLI, MICHAEL M.D.  
~~5201 TPC BLVD.~~  
~~LUTZ, FL 33540~~

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
11141 NORTHSTAR STREET  
City DAVIE FL Zip Code 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2010, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME CORTELLI, MICHAEL M.D.	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 11141 NORTHSTAR STREET DAVIE, FLORIDA 33324
STREET ADDRESS 5201 TPC BLVD.	CITY-ST-ZIP LUTZ, FL 33540	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 400160765454 09/17/09--01031--001 **150.00
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 400160765454 10/20/09--01007--003 **150.00
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

**REINSTATEMENT**

**RH**

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: Michael Cortelli Date: 9/15/09 Daytime Phone #: 954-916-5582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR