

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000064643

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** MANUEL A. CAMPO, M.D., P.A.

**Current Principal Place of Business:**

1550 MADRUGA AVE  
SUITE #220  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

215 GRAND AVE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

11551 SW 93 STREET  
MIAMI, FL 33176

**New Mailing Address:**

11551 SW 93 ST  
MIAMI, FL 33176

**FEI Number:** 65-0941177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPO, MANUEL  
1550 MADRUGA AVE  
SUITE #220  
CORAL GABLES, FL 33146 US

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

CAMPO, MANUEL  
215 GRAND AVE  
CORAL GABLES, FL 33133 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: MANUEL A. CAMPO

09/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: CAMPO, MANUEL A  
Address: 11551 SW 93 ST  
City-St-Zip: MIAMI, FL 33176

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: MANUEL A. CAMPO

P.A

09/29/2010

Electronic Signature of Signing Officer or Director

Date