

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000106615

**FILED**  
**Mar 18, 2005**  
**Secretary of State**

**Entity Name:** PEDIATRIC INFECTIOUS DISEASES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

3435 HAYES STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3427 JOHNSON ST  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3435 HAYES STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

3427 JOHNSON ST  
HOLLYWOOD, FL 33021

**FEI Number:** 65-0966102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEL PILAR GUTIERREZ, MARIA  
3435 HAYES STREET  
HOLLYWOOD, FL 33021 US

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

DEL PILAR GUTIERREZ, MARIA  
3427 JOHNSON ST  
HOLLYWOOD, FL 33021 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:** ELLIOT MELAMED, CPA

03/18/2005

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: PS ( ) Delete  
Name: DEL PILAR GUTIERREZ, MARIA  
Address: 3435 HAYES STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VT ( ) Delete  
Name: REID, ROBERT JR.  
Address: 3435 HAYES STREET  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: DEL PILAR GUTIERREZ, MARIA  
Address: 3427 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VT (X) Change ( ) Addition  
Name: REID, ROBERT JR.  
Address: 3427 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** MARIA PILAR GUTIERREZ, MD

PS

03/18/2005

Electronic Signature of Signing Officer or Director

Date