2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2005
Secretary of State

DOCUMENT# V53354

Entity Name: CIRILO M. SERALDE, JR. M.D. PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

CIRILO M. SERALDE, JR.,M.D., PA
343 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

New Principal Place of Business:

343 S COMMERCE AVENUE
SEBRING, FL 33870 US

Current Mailing Address:

CIRILO M. SERALDE, JR,M.D.,PA
343 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

New Mailing Address:

343 S COMMERCE AVENUE
SEBRING, FL 33870 US

FEI Number: 59-3135371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIRILO M. SERALDE, JR.,M.D.,PA
343 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

SERALDE, CIRILO M PRESIDE
1821 N VALENCIA DRIVE
AVON PARK, FL 33825 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: CIRILO M SERALDE JR. MD 10/04/2005
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: D ( ) Delete
Name: SERALDE, CIRILO M.,, JR.
Address: 343 S COMMERCE AVE
City-St-Zip: SEBRING, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SERALDE, CIRILO M MD
Address: 1821 N VALENCIA DRIVE
City-St-Zip: AVON PARK, FL 33825 US

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: CIRILO M SERALDE, JR., MD PRES 10/04/2005
Electronic Signature of Signing Officer or Director Date