

**2019 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000048480

**Entity Name:** OLGA PRADA MD MEDICAL CLINIC CORPORATION

**Current Principal Place of Business:**

5200 SW 8TH ST.  
SUITE 116  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5200 SW 8TH ST.  
SUITE 116  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0594362

**Certificate of Status Desired:** Yes

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

PRADA, OLGA  
720 SW 58 CT  
MIAMI, FL 33144 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:** OLGA PRADA

04/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PRADA, OLGA  
Address 720 SW 58 CT  
City-State-Zip: MIAMI FL 33144

*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:** OLGA, PRADA

PRESIDENT

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date