

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J68465

FILED
Oct 19, 2004
Secretary of State

Entity Name: WOLFSDORF, RASZYNSKI, & SUSSMANE, M.D., P.A.

Current Principal Place of Business:

% MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 331553003 US

New Principal Place of Business:

% MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 33155 US

Current Mailing Address:

% MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 331553003 US

New Mailing Address:

% MIAMI CHILDREN'S HOSPITAL
3100 SW 62ND AVE
MIAMI, FL 33155 US

FEI Number: 59-2821163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFSDORF, JACK M.D.
6125 SW 31ST STREET
3100 SW 62ND AVE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

WOLFSDORF, JACK M.D.
3100 SW 62ND AVE
MIAMI, FL 33155 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: JACK WOLFSDORF, M.D.

10/19/2004

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: DP () Delete
Name: WOLFSDORF, JACK,
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL

Title: DVP () Delete
Name: RASZYNSKI, ANDRE,
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: SUSSMANE, JEFFREY
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WOLFSDORF, JACK
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: DVP (X) Change () Addition
Name: RASZYNSKI, ANDRE
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change () Addition
Name: SUSSMANE, JEFFREY B
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

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: JACK WOLFSDORF, M.D.

DP

10/19/2004

Electronic Signature of Signing Officer or Director

Date