

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022024

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** D & H INSTITUTE, P.A.

**Current Principal Place of Business:**

21150 BISCAYNE BLVD.  
200  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

2925 AVENTURA BOULEVARD  
AVENTURA, FL 33180 US

**Current Mailing Address:**

21150 BISCAYNE BLVD.  
200  
AVENTURA, FL 33180 US

**New Mailing Address:**

2925 AVENTURA BOULEVARD  
200  
AVENTURA, FL 33180 US

**FEI Number:** 20-0687768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARIOL, MARIA D ESQ.  
2199 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: REINERTSON, LAURA E M.D.  
Address: 2925 AVENTURA BOULEVARD  
City-St-Zip: AVENTURA, FL 33180

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: LAURA REINERTSON

P

04/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date