## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000099604

Entity Name: SUPRIYA TOMAR, M.D., P.A.

FILED Oct 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8187 MONTSERRAT PLACE 8263 PINE CAY RD WELLINGTON, FL 33414 WELLINGTON, FL 33414

**Current Mailing Address: New Mailing Address:** 

8187 MONTSERRAT PLACE 8263 PINE CAY RD WELLINGTON, FL 33414 WELLINGTON, FL 33414

FEI Number: 20-1334486 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WOLFSON, JAY ESQ TOMAR, SUPRIYA MD 16101 CHANCERY PLACE 8263 PINE CAY RD TAMPA, FL 33613 WELLINGTON, FL 33414 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: SUPRIYA TOMAR, MD 10/17/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete TOMAR, SUPRIYA MD TOMAR, SUPRIYA MD Name: Name: 8187 MONTSERRAT PLACE Address: 8263 PINE CAY RD Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

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 Statutés. 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: SUPRIYA TOMAR 10/17/2005 DR