

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000005696

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Entity Name:** MASOUD KETABCHI, M.D., P.A.

**Current Principal Place of Business:**

7245 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

3501 N. OCEAN DRIVE, PH-8  
HOLLYWOOD, FL 33019 38

**Current Mailing Address:**

7245 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014

**New Mailing Address:**

3501 N. OCEAN DRIVE, PH-8  
HOLLYWOOD, FL 33019 38

FEI Number: 65-0808324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KETABCHI, MASOUD  
7245 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014 US

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

KETABCHI, MASOUD  
3501 N. OCEAN DRIVE, PH-8  
HOLLYWOOD, FL 33019 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: MASOUD KETABCHI

06/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KETABCHI, MASOUD M.D.  
Address: 3501 N. OCEAN DRIVE, PH-8  
City-St-Zip: HOLLYWOOD, FL 33019

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: MASOUD KETABCHI

D

06/13/2012

Electronic Signature of Signing Officer or Director

Date