

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 17 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 REIN-P CR2E098 (1/07)

DOCUMENT # P98000050154 1. Entity Name LEONARD HOCHSTEIN, M.D., P.A.			
Principal Place of Business 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		Mailing Address 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 19495 BISCAYNE BLVD. Suite, Apt. #, etc. 204		3. Mailing Address 19495 BISCAYNE BLVD Suite, Apt. #, etc. 204	
City & State AVENTURA, FL Zip 33180 Country U.S.A.		City & State AVENTURA, FL Zip 33180 Country U.S.A.	
4. FEI Number 65-0849734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUBIT, DONALD E ESQ. 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOCHSTEIN, LEONARD M.D. 19495 BISCAYNE BLVD 204 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40011539687 01/17/08--01030--021 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 11/14/08	Daytime Phone #: 305 931 3338