## 2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000094953

Entity Name: SUSAN H. SHAPIRO, PHD, INC.

**Current Principal Place of Business:** 

1809 MICCOSUKEE COMMONS DR #110

TALLAHASSEE, FL 32308

## **Current Mailing Address:**

2107 FERNLEIGH DRIVE TALLAHASSEE, FL 32311

FEI Number: 20-1328758 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, SUSAN H 2107 FERNLEIGH DRIVE TALLAHASSEE, FL 32311 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: SUSAN SHAPIRO 06/24/2015

Title

DR

Electronic Signature of Registered Agent

Date

Date

FILED Jun 24, 2015

**Secretary of State** 

CR0379382186

## Officer/Director Detail:

DR

Title

| Name    | SHAPIRO, SUSAN HPHD  | Name    | SHAPIRO, SUSAN HPHD  |
|---------|----------------------|---------|----------------------|
| Address | 2107 FERNLEIGH DRIVE | Address | 2107 FERNLEIGH DRIVE |

City-State-Zip: TALLAHASSEE FL 32311 City-State-Zip: TALLAHASSEE FL 32311

Title DR Title DR

NameSHAPIRO, SUSAN HPHDNameSHAPIRO, SUSAN HPHDAddress2107 FERNLEIGH DRIVEAddress2107 FERNLEIGH DRIVECity-State-Zip:TALLAHASSEE FL 32311City-State-Zip:TALLAHASSEE FL 32311

Title DR Title DR.

NameSHAPIRO, SUSAN HPHDNameSHAPIRO, SUSAN HPHDAddress2107 FERNLEIGH DRIVEAddress2107 FERNLEIGH DRIVECity-State-Zip:TALLAHASSEE FL 32311City-State-Zip:TALLAHASSEE FL 32311

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: SUSAN SHAPIRO PRESIDENT 06/24/2015