## **2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000101521

Entity Name: ANIKA ALAR, M.D. INC.

**Current Principal Place of Business:** 

6900 TURKEY LAKE RD. STE. 1-10

ORLANDO, FL 32819

**Current Mailing Address:** 

6900 TURKEY LAKE RD. STE. 1-10 ORLANDO. FL 32819 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: KRISTIN PRELL. ASSISTANT SECRETARY 01/14/2015

Electronic Signature of Registered Agent

Date

FILED Jan 14, 2015

**Secretary of State** 

CR0110658988

Officer/Director Detail:

Title DP Title DVPST

Name ALARAKHIA, ANIKA Name BAKKER, SHAWN

Address 6900 TURKEY LAKE RD. STE. 1-10 Address 6900 TURKEY LAKE RD. STE. 1-10

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

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: ANIKA ALARAKHIA

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/14/2015

Date