

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 519739

**FILED**  
**Jul 15, 2013**  
**Secretary of State**

**Entity Name:** SELVA GANESH, M.D., P.A.

**Current Principal Place of Business:**

2623 S. SEACREST BLVD. #114  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

211 E. BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2623 S. SEACREST BLVD. #114  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

211 E. BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435

**FEI Number:** 59-1706438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANESH, SELVA  
2623 S. SEACREST BLVD  
STE 114  
BOYNTON BEACH, FL 33435 US

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

GANESH, SELVA  
211 E. BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33435 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: SELVA GANESH

07/15/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SELVA, GANESH MD  
Address: 211 E. BOYNTON BEACH BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

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: SELVA GANESH

PRES

07/15/2013

Electronic Signature of Signing Officer or Director

Date