

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 663715

**FILED**  
**Nov 09, 2007**  
**Secretary of State**

**Entity Name:** DONALD J. ZELLER, M.D., P.A.

**Current Principal Place of Business:**

3600 WASHINGTON STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

24 SARANAC ROAD  
SEA RANCH LAKES, FL 33308

**Current Mailing Address:**

3600 WASHINGTON STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

24 SARANAC ROAD  
SEA RANCH LAKES, FL 33308

FEI Number: 59-1972639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZELLER, DENISE DIEHL  
24 SARANAC RD  
SEA RANCH LAKES  
FT LAUDERDALE, FL 33308 US

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

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: DENISE ZELLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ZELLER, DONALD J.,  
Address: 3600 WASHINGTON ST  
City-St-Zip: HOLLYWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ZELLER, DONALD J.,  
Address: 24 SARANAC ROAD  
City-St-Zip: SEA RANCH LAKES, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD J. ZELLER, MD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR.

11/09/2007

\_\_\_\_\_  
Date