

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 688847

FILED
Oct 06, 2009
Secretary of State

Entity Name: GYN CYTOLOGY & PATHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

4005 NO. FED. HWY
SUITE 208
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4005 NORTH FEDERAL HIGHWAY, SUITE 208
P.O. BOX 8899
FT. LAUDERDALE, FL 33308

New Mailing Address:

4005 NORTH FEDERAL HIGHWAY,
SUITE 208
FT. LAUDERDALE, FL 33308 US

FEI Number: 59-2032189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, LOUIS P
2267 N W 33ND AVE
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

ROBERTS, LOUIS P
4005 NORTH FEDERAL HWY
SUITE 208
FT LAUDERDALE, FL 33308 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: ROBERT LOUIS

10/06/2009

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: DS () Delete
Name: KLINGES, KARL G
Address: 14 FOREST AVE
City-St-Zip: TENAFLY, NJ

Title: DT (X) Delete
Name: LAZAR, ALLAN
Address: 740 CARROLL PLACE
City-St-Zip: TEANECK, NJ

Title: DP (X) Delete
Name: ROBERTS, LOUIS
Address: 2267 N W 33ND AVE
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBERTS, LOUIS
Address: 2267 N W 33RD AVE
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTS LOUIS

P

10/06/2009

Electronic Signature of Signing Officer or Director

Date