# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 09, 2009**
**Secretary of State**

DOCUMENT# F08000002466

**Entity Name:** EDUARDO KOFMAN, M.D., P.A.

**Current Principal Place of Business:**

12550 BISCAYNE BLVD STE 600
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12550 BISCAYNE BLVD STE 600
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number: 20-0603246** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KOFMAN, EDUARDO
12550 BISCAYNE BLVD STE 600
MIAMI, FL 33181 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: EDUARDO KOFMAN

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: CDP ( ) Delete
Name: KOFMAN, EDUARDO
Address: 864 CENTRAL BLVD. SUITE 2700
City-St-Zip: BROWNSVILLE, TX 78520

Title: VCVP ( ) Delete
Name: KOFMAN, EDUARDO
Address: 864 CENTRAL BLVD. SUITE 2700
City-St-Zip: BROWNSVILLE, TX 78520

Title: ST (X) Delete
Name: KOFMAN, EDUARDO
Address: 864 CENTRAL BLVD. SUITE 2700
City-St-Zip: BROWNSVILLE, TX 78520

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

Title: CDP (X) Change ( ) Addition
Name: KOFMAN, EDUARDO
Address: 12550 BISCAYNE BLVD. SUITE 600
City-St-Zip: MIAMI, FL 33181

Title: VCVP (X) Change ( ) Addition
Name: KOFMAN, EDUARDO
Address: 12550 BISCAYNE BLVD. SUITE 600
City-St-Zip: MIAMI, FL 33181

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: EDUARDO KOFMAN DR. 10/09/2009

Electronic Signature of Signing Officer or Director — Date