

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000002697

**FILED**  
**Mar 21, 2013**  
**Secretary of State**

**Entity Name:** PRACTICE COMMUNICATIONS, INC.

**Current Principal Place of Business:**

2300 GLADES ROAD  
SUITE 312W  
BOCA RATON, FL 33431

**New Principal Place of Business:**

6915 QUEENFERRY CIRCLE  
BOCA RATON, FL 33496

**Current Mailing Address:**

2300 GLADES ROAD  
SUITE 312W  
BOCA RATON, FL 33431

**New Mailing Address:**

6915 QUEENFERRY CIRCLE  
BOCA RATON, FL 33496

**FEI Number:** 27-2810609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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

GOLDMAN, EDWARD E MD  
6915 QUEENFERRY CIRCLE  
BOCA RATON, FL 33496 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:** EDWARD E GOLDMAN MD

03/21/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CPS  
**Name:** GOLDMAN, EDWARD E MD  
**Address:** 6915 QUEENFERRY CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33496

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:** EDWARD E GOLDMAN MD

CPS

03/21/2013

Electronic Signature of Signing Officer or Director

Date