

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F46038

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** LEON ROTH, M.D., P.A.

**Current Principal Place of Business:**

2500 E. HALLANDALE BEACH BLVD  
M  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

2500 E. HALLANDALE BEACH BLVD  
M  
HALLANDALE, FL 33009 US

**New Mailing Address:**

**FEI Number:** 59-2119995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTH, LEON MD  
2500 E. HALLANDALE BEACH BLVD  
M  
HALLANDALE, FL 33009 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:** LEON ROTH M.D.

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROTH, LEON MD  
**Address:** 2500 E. HALLANDALE BEACH BLVD, STE M  
**City-St-Zip:** HALLANDALE, FL 33009 US

**Title:** S  
**Name:** ROTH, FLORENCE L  
**Address:** 2500 E. HALLANDALE BEACH BLVD, STE M  
**City-St-Zip:** HALLANDALE, FL 33009 US

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:** LEON ROTH M.D.

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

P

10/07/2013

\_\_\_\_\_  
Date