

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F97104

**FILED**  
**Nov 23, 2010**  
**Secretary of State**

**Entity Name:** RONI SEHAYIK M.D., P.A.

**Current Principal Place of Business:**

1983 PGA BLVD.  
N PALM BEACH GARDENS, FL 33408

**New Principal Place of Business:**

1983 PGA BLVD.  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

1983 PGA BLVD.  
N PALM BEACH GARDENS, FL 33408

**New Mailing Address:**

1983 PGA BLVD.  
NORTH PALM BEACH, FL 33408

**FEI Number:** 59-2212663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SEHAYIK, RONI  
1983 PGA BLVD.  
N PALM BEACH GARDENS, FL 33408 US

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

SEHAYIK, RONI  
1983 PGA BLVD.  
NORTH PALM BEACH, FL 33408 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: RONI SEHAYIK

11/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SEHAYIK, RONI  
Address: 1983 PGA BLVD.  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RONI SEHAYIK

PD

11/23/2010

Electronic Signature of Signing Officer or Director

Date