

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L80903

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** NADIA M. SADEK, M.D., P.A.

**Current Principal Place of Business:**

1151 BLACKWOOD AVENUE  
150  
OCOOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1151 BLACKWOOD AVENUE  
150  
OCOOEE, FL 34761 US

**New Mailing Address:**

**FEI Number:** 59-3014344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SADEK, NADIA, M., M.D.  
10086 BRANDON CIRCLE  
ORLANDO, FL 32836 US

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

SADEK, NADIA, MD  
10086 BRANDON CIRCLE  
ORLANDO, FL 32836 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: DR NADIA SADEK

01/26/2010

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: PRES  
Name: SADEK, NADIA M., M.D.  
Address: 10086 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: V  
Name: ABDEL-HAMEED, M. FATHI  
Address: 10086 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: NADIA SADEK

MD

01/26/2010

Electronic Signature of Signing Officer or Director

Date