

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M10480

FILED
Nov 09, 2009
Secretary of State

Entity Name: YVETTE PEREYRA ANS, M.D., P.A.

Current Principal Place of Business:

4700 SHERIDAN ST
H
HOLLYWOOD, FL 33021 US

Current Mailing Address:

4700 SHERIDAN ST
H
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

4700 H SHERIDAN ST.
SUITE H
HOLLYWOOD, FL 33021 US

New Mailing Address:

4700 H SHERIDAN ST.
SUITE H
HOLLYWOOD, FL 33021 US

FEI Number: 59-2480199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANS, YVETTE P.
5820 S.W. 33RD LANE
FORT LAUDERDALE, FL 33160 US

Name and Address of New Registered Agent:

ANS, YVETTE P M.D.
4700 H SHERIDAN ST.
SUITE H
HOLLYWOOD, FL 33021 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: YVETTE P.ANS M.D.

11/09/2009

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: DP () Delete
Name: ANS, YVETTE P.
Address: 5820 SW 33 LANE
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ANS, YVETTE P M.D.
Address: 4700 H SHERIDAN ST. - SUITE H
City-St-Zip: HOLLYWOOD, FL 33021 US

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: YVETTE P.ANS M.D.

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date