

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M69797

1. Entity Name  
HOWARD B. PARMET M.D., P.A.



FILED

06 DEC 28 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8030 PETERS RD BLDG D  
PLANTATION, FL 33324

Mailing Address  
8030 PETERS RD BLDG D  
STE 108  
PLANTATION, FL 33324

2. Principal Place of Business

116 Abundance DR

Suite, Apt. #, etc.

3. Mailing Address

116 Abundance DR

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33410

Country

Palm Bch

Zip

33410

Country

USA

4. FEI Number

65-0039248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, THEODORE  
88 NE 168TH ST.  
MIAMI, FL 33162

Name

Klein, Theodore

Street Address (P.O. Box Number is Not Acceptable)

8030 Peters Rd

Suite D-104

City

Plantation

FL

Zip Code

33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/22/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME PARMET, HOWARD B.  
STREET ADDRESS 16800 NW 2ND AVE  
CITY-ST-ZIP N MIAMI, FL

☒ Delete

TITLE D  
NAME PARMET, HOWARD B.  
STREET ADDRESS 116 Abundance Dr  
CITY-ST-ZIP Palm Bch Gdns, FL 33410

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Howard B. Parmet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06

Date

561 626 3193

Daytime Phone #