

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005669

FILED
Nov 13, 2014
Secretary of State

Entity Name: THE IHDO OF FLORIDA, INC.

Current Principal Place of Business:

1050 WILSHIRE CIRCLE WEST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1050 WILSHIRE CIRCLE WEST
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 56-2581869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELVA, FRANTZ DR
3101 NW 47 TERRACE STE 129-4
LAUDERDALE LAKES, FL 33319 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: FRANTZ DELVA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MOISE, EVELYNE MD
Address: 1050 WILSHIRE CIRCLE WEST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DV
Name: JODESTY, YVES MD
Address: 1040 NW 10TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS
Name: DELVA, FRANTZ MD
Address: 3101 NW 47TERRACE SUITE 129-4
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DT
Name: CASTOR, YANICK RN
Address: 10362 SW 9TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DT
Name: NIRVA, DERIZIER MD
Address: 8431 NW 44TH CT
City-St-Zip: LAUDERDALE, FL 33351

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVELYNE MOISE

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11/13/2014

Electronic Signature of Signing Officer or Director

Date