

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000092406

**FILED**  
**Mar 29, 2005**  
**Secretary of State**

**Entity Name:** GOLD COAST MEDICAL, P.A.

**Current Principal Place of Business:**

15127 JOG RD  
106  
DELRAY BEACH, FL 33446 US

**Current Mailing Address:**

15127 JOG RD  
106  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

951 BROKEN SOUND PARKWAY NW  
225  
BOCA RATON, FL 33487 US

**New Mailing Address:**

951 BROKEN SOUND PARKWAY NW  
225  
BOCA RATON, FL 33487 US

**FEI Number:** 52-2267249      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZIPPER, JEFFREY A  
234 ALEXANDER PALM  
BOCA RATON, FL 33432 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:** JEFFREY A.ZIPPER

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 ( ) Delete  
**Name:** ZIPPER, JEFFREY A  
**Address:** 234 ALEXANDER PALM RD  
**City-St-Zip:** BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** JEFFREY A.ZIPPER

Electronic Signature of Signing Officer or Director

PRES

03/29/2005

Date