

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000056553

**FILED**  
**Oct 08, 2010**  
**Secretary of State**

**Entity Name:** BIOTERRORISM AND INFECTIOUS DISEASE CENTER FOR PEDIATRICS, INC.

**Current Principal Place of Business:**

2506 PONCE DE LEON BLVD.  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 561823  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 02-0599576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LENOIR, ANNA  
2506 PONCE DE LEON BLVD  
MIAMI, FL 33134 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: ANNA LENOIR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LENOIR, ALLEN A M.D.  
Address: 2506 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: LENOIR, ANNA E  
Address: 2506 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

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: ANNA LENOIR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/08/2010

\_\_\_\_\_  
Date