

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000076968

1. Entity Name  
EMAD EKLADIOS, MD, P.A.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 22 PM 4:39

Principal Place of Business  
2261 N UNIVERSITY DR  
101  
PEMBROKE PINES, FL 33024

Mailing Address  
2261 N UNIVERSITY DR  
101  
PEMBROKE PINES, FL 33024



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182004 REIN-P CR2E098 (6/04)

4. FEI Number  
331014571

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

EKLADIOS, EMAD MD  
2261 N UNIVERSITY DR  
101  
PEMBROKE PINES, FL 33024

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVST  
EKLADIOS, EMAD MD  
4830 TAYLOR ST.  
HOLLYWOOD, FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300042101643  
10/22/04--01030--019 \*\*750.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/04 954-963-2555

10/25/04