

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000130980

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Entity Name:** EMMANUELA WOLLOCH, M.D., P.A.

**Current Principal Place of Business:**

400 ARTHUR GODFREY ROAD  
SUITE 305  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

400 ARTHUR GODFREY ROAD  
SUITE 305  
MIAMI BEACH, FL 33140

**New Mailing Address:**

4495 NAUTILUS DRIVE  
MIAMI BEACH, FL 33140

**FEI Number:** 06-1666130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSHUA L. DUBIN, P.A.  
17701 BISCAYNE BLVD  
SUITE 201  
AVENTURA, FL 33160 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:** JOSHUA DUBIN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** WOLLOCH, EMMANUELA  
**Address:** 400 ARTHUR GODFREY ROAD, SUITE 305  
**City-St-Zip:** MIAMI BEACH, FL 33140

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:** EMMANUELA WOLLOCH

PST

09/26/2011

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

\_\_\_\_\_  
Date