

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 NOV 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000017243

1. Entity Name
ZAHRA G. PROMES, M.D., P.A.



Principal Place of Business

1925 MIZELL AVENUE
SUITE 306
WINTER PARK, FL 32792 US

Mailing Address

1925 MIZELL AVENUE
SUITE 306
WINTER PARK, FL 32792 US

2. Principal Place of Business - No P.O. Box #

483 N. SEMORAN BLVD.
Suite, Apt. #, etc.
STE. 200

3. Mailing Address

483 N. SEMORAN BLVD.
Suite, Apt. #, etc.
STE. 200

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32792

Country

U.S.A.

Zip

32792

Country

U.S.A.

10302007

REIN-P

CR2E098 (1/07)

4. FEI Number

36-4521707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROMES, ZAHRA G M.D.
1925 MIZELL AVENUE
SUITE 306
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name
A. Anthony Giovannoli, P.A.

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

1565 ORANGE AVENUE

City

WINTER PARK

FL

Zip Code

32789

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 A. Anthony Giovannoli, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-30-07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZAHRA G. PROMES, M.D., P.A.
STREET ADDRESS 1925 MIZELL AVENUE, SUITE 306
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME PROMES, ZAHRA G.
STREET ADDRESS 483 N. SEMORAN BLVD., STE. 200
CITY-ST-ZIP WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

11/8/07

Daytime Phone #