

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000019837

**FILED**  
**Nov 11, 2014**  
**Secretary of State**

**Entity Name:** GADY ABRAMSON, D.C. P.A.

**Current Principal Place of Business:**

450 N. PARK RD  
#200  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

450 N. PARK RD  
#200  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 05-0558740      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ABRAMSON, GADY  
450 N. PARK RD  
#200  
HOLLYWOOD, FL 33021 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: GADY ABRAMSON

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ABRAMSON, GADY  
Address: 450 N. PARK RD #200  
City-St-Zip: HOLLYWOOD, FL 33019

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: GADY ANRAMSON

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

PRES

11/11/2014

\_\_\_\_\_  
Date