

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000024752

**FILED**  
**Jun 22, 2011**  
**Secretary of State**

**Entity Name:** CARLOS SZAJNERT, M.D., P.A.

**Current Principal Place of Business:**

15343 S.W. 21ST STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15343 S.W. 21ST STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

200 S BISCAYNE BLVD FL 6  
MIAMI, FL 33131

**FEI Number:** 55-0819002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SZAJNERT, CARLOS  
15343 S.W. 21ST STREET  
MIRAMAR, FL 33027 US

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

SAKA, JOSEPH L  
200 S BISCAYNE BLVD FL 6  
MIAMI, FL 33131 US

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: JOSEPH SAKA

06/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SZAJNERT, CARLOS  
Address: 15343 S.W. 21ST STREET  
City-St-Zip: MIRAMAR, FL 33027

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: CARLOS SZAJNERT

PD

06/22/2011

Electronic Signature of Signing Officer or Director

Date