

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000064883

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Entity Name:** JOSE G. POLIAK, M.D., P.A.

**Current Principal Place of Business:**

5800 COLONIAL DRIVE  
SUITE 306  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5800 COLONIAL DRIVE  
SUITE 306  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 55-0835620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARMOR, SETH A  
777 GLADES ROAD  
SUITE 400  
BOCA RATON, FL 33434 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:** SETH MARMOR

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** POLIAK, JOSE G  
**Address:** 5800 COLONIAL DRIVE, SUITE 306  
**City-St-Zip:** MARGATE, FL 33063

**Title:** DTRR  
**Name:** POLIAK, JOSE G  
**Address:** 5800 COLONIAL DRIVE, SUITE 306  
**City-St-Zip:** MARGATE, FL 33063

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:** JOSE G./POLIAK

DR.

10/05/2011

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

\_\_\_\_\_  
Date