2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 27 PM 2:02

DOCUMENT # P04000071774

1. Entity Name
HAKOP HRACHIAN., M.D., P.A.

REINSTATEMENT 08-09 KS

Principal Place of Business	Mailing Address
1756 N. BAYSHORE DRIVE SUITE #15F MIAMI, FL 33132 US	1756 N. BAYSHORE DRIVE SUITE #15F MIAMI, FL 33132 US

07222009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5975 SUNSET DRIVE	P.O. BOX 402526
Suite, Apt. #, etc.: SUITE# 802	Suite, Apt. #, etc.:
City & State: SOUTH MIAMI, FL	City & State: MIAMI BEACH, FL
Zip: 33143 Country: U.SA	Zip: 33140 Country:

4. FEI Number: 34-1992353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HRACHIAN, HAKOP
1756 N. BAYSHORE DRIVE
SUITE# 15F
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name
Street Address (P O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] HAKOP HRACHIAN 7/23/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD HRACHIAN, HAKOP 1756 N. BAYSHORE DRIVE, SUITE ~~#15F~~ 31G MIAMI, FL 33132 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000158928620 07/27/09--01040--004 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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] Hakop Hrachian 07/23/09 305 663-3373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #