

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000079130

Entity Name: PEDIATRIC WIZARDS, PA

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1310 WEST EAU GALLIE BOULEVARD  
SUITE C  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1310 WEST EAU GALLIE BOULEVARD  
SUITE C  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 41-2138363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELFT, DAVID A MD  
3170 GATLIN DRIVE  
ROCKLEDGE, FL 32955 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: DAVID A HELFT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HELFT, DAVID A MD  
Address: 3170 GATLIN DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

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: DAVID A HELFT

PRES

10/14/2014

Electronic Signature of Signing Officer or Director

Date