

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000098805

**FILED**  
**Nov 12, 2010**  
**Secretary of State**

**Entity Name:** SIBY J. VARUGHESE, O.D.,P.A.

**Current Principal Place of Business:**

11401 PINES BLVD  
888  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

16458 SW 22 ND STREET  
MIRAMAR, FL 33027 US

**New Mailing Address:**

**FEI Number:** 20-1311547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARUGHESE, SIBY J  
5361 NW 90 TH AVE  
SUNRISE, FL 33351 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:** SIBY VARGHESE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** VARUGHESE, SIBY J  
**Address:** 5361 NW 90 TH AVENUE  
**City-St-Zip:** SUNRISE, FL 33351 US

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:** SIBY VARUGHESE

D

11/12/2010

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

\_\_\_\_\_  
Date