

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000149062

Entity Name: M.T. REILLY, M.D., P.A.

**FILED**  
**Apr 26, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5301 N. FEDERAL HIGHWAY  
SUITE 203  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

5301 N. DIXIE HWY  
SUITE 203  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

5301 N. FEDERAL HIGHWAY  
SUITE 203  
OAKLAND PARK, FL 33334

**New Mailing Address:**

5301 N. DIXIE HWY  
SUITE 203  
OAKLAND PARK, FL 33334

FEI Number: 20-1823500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REILLY, MICHAEL T  
5301 N. DIXIE HIGHWAY  
SUITE 203  
OAKLAND PARK, FL 33334 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: MICHAEL T REILLY

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: REILLY, MICHAEL T  
Address: 5301 NORTH DIXIE HWY., SUITE 203  
City-St-Zip: OAKLAND PARK, FL 33334

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: MICHAEL T REILLY

D

04/26/2013

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

\_\_\_\_\_  
Date