

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000039925

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** LEYDA ELIZABETH BOWES, M.D., P.A.

## **Current Principal Place of Business:**

3661 SOUTH MIAMI AVENUE  
6008  
MIAMI, FL 33133 US

## **New Principal Place of Business:**

3659 SOUTH MIAMI AVENUE  
6008  
MIAMI, FL 33133 US

## **Current Mailing Address:**

3661 SOUTH MIAMI AVENUE  
6008  
MIAMI, FL 33133 US

## **New Mailing Address:**

3659 SOUTH MIAMI AVENUE  
6008  
MIAMI, FL 33133 US

**FEI Number:** 03-0557343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWES, LEYDA E  
3661 SOUTH MIAMI AVENUE  
6008  
MIAMI, FL 33133 US

## **Name and Address of New Registered Agent:**

BOWES, LEYDA E  
3659 SOUTH MIAMI AVENUE  
6008  
MIAMI, FL 33133 US

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:** LEYDA E BOWES

01/12/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** BOWES, LEYDA E  
**Address:** 3659 SOUTH MIAMI AVENUE, # 6008  
**City-St-Zip:** MIAMI, FL 33133 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:** LEYDA E BOWES

PSTD

01/12/2012

Electronic Signature of Signing Officer or Director

Date