# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jun 10, 2008**
**Secretary of State**

DOCUMENT# P06000030820

**Entity Name:** BARRY S. KESSLER, M.D., P.A.

**Current Principal Place of Business:**

2580 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

5258 LINTON BLVD.
SUITE 301-A
DELRAY BEACH, FL 33484

**Current Mailing Address:**

2580 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

**New Mailing Address:**

5258 LINTON BLVD.
SUITE 301-A
DELRAY BEACH, FL 33484

**FEI Number: 16-1754958** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

KESSLER, BARRY S MD
2580 S. SEACREST BLVD
BOYNTON BEACH, FL 33435 US

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

KESSLER, BARRY S MD
2898 NW 28TH STREET
BOCA RATON, FL 33434 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: BARRY S. KESSLER MD 06/10/2008
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: KESSLER, BARRY S MD
Address: 2580 S. SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: KESSLER, BARRY S MD
Address: 2898 NW 28TH STREET
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY S. KESSLER MD P 06/10/2008
Electronic Signature of Signing Officer or Director Date