

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000093821

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** JAMES GORELICK, M.D. P.A.

**Current Principal Place of Business:**

351 NW LEJEUNE RD  
SUITE 103  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

351 NW LEJEUNE RD  
SUITE 103  
MIAMI, FL 33126

**New Mailing Address:**

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

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

FLEITES, SERGIO A  
1575 SW 87 AVENUE  
MIAMI, FL 33174    US

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

GORELICK, JAMES  
351 NW LEJEUNE RD  
SUITE 103  
MIAMI, FL 33126 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: JAMES GORELICK

05/01/2010

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: MD  
Name: GORELICK, JAMES  
Address: 351 NW LEJEUNE RD, #103  
City-St-Zip: MIAMI, FL 33126

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: JAMES GORELICK

P

05/01/2010

Electronic Signature of Signing Officer or Director

Date