

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000052941

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

**Entity Name:** ROBERT ADAMI, D.D.S., P.A.

**Current Principal Place of Business:**

16235 STATE RD. 7, STE. C  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

16235 STATE RD. 7  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

16235 STATE RD. 7, STE. C  
DELRAY BEACH, FL 33446

**New Mailing Address:**

16235 STATE RD. 7  
DELRAY BEACH, FL 33446

**FEI Number:** 20-8951520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMI, ROBERT  
16235 STATE RD. 7, STE. C  
DELRAY BEACH, FL 33446 US

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

ADAMI, ROBERT  
16235 STATE RD. 7  
DELRAY BEACH, FL 33446 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: ROBERT ADAMI

04/26/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADAMI, ROBERT  
Address: 16235 STATE RD. 7, STE. C  
City-St-Zip: DELRAY BEACH, FL 33446

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: ROBERT ADAMI

PRES

04/26/2013

Electronic Signature of Signing Officer or Director

Date