

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000071447

Entity Name: ZAKIR PATEL, M.D., P.A.

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1937 HARRISON AVE.  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2049  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 26-0341600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARE, DIANE C CPA  
2589 JENKS AVE  
PANAMA CITY, FL 32405 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: DIANE HARE

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: PSTD  
Name: PATEL, ZAKIRHUSAIN MD  
Address: 1937 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32405

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: ZAKIR PATEL

DR

02/12/2010

Electronic Signature of Signing Officer or Director

Date