

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000091522

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** MARIO BERKOWITZ, M.D.,P.A.

**Current Principal Place of Business:**

1059 PINE BRANCH DRIVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1059 PINE BRANCH DRIVE  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-3731343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERKOWITZ, MARIO  
1059 PINE BRANCH DRIVE  
WESTON, FL 33326 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:** MARIO BERKOWITZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P,S  
**Name:** BERKOWITZ, MARIO  
**Address:** 1059 PINE BRANCH DRIVE  
**City-St-Zip:** WESTON, FL 33326

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:** MARIO BERKOWITZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P.S

10/06/2014

\_\_\_\_\_  
Date