

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000045834

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

**Entity Name:** BROWARD GERIATRIC & PALLIATIVE CARE CONSULTANTS, INC.

**Current Principal Place of Business:**

4101 NW 4TH STREET  
100  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

1201 S. ANDREWS AVENUE  
200  
FORT LAUDERDALE, FL 33316 US

**Current Mailing Address:**

3172 LA MIRAGE DRIVE  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

**FEI Number:** 27-0167748      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HORWITZ, WAYNE  
800 CORPORATE DRIVE  
310  
FORT LAUDERDALE, FL 33334 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:** WAYNE HORWITZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SANDERS-CEPEDA, DIANE DO  
**Address:** 1201 S. ANDREWS AVE, SUITE 200  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

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:** DIANE SANDERS-CEPEDA, DO

P

10/01/2010

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

\_\_\_\_\_  
Date