

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000049098

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** LAWRENCE J. NEWMANN, D.P.M., PODIATRIST INC.

**Current Principal Place of Business:**

211 S. MAYA PALM DRIVE  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

6252 PETALUMA DRIVE  
BOCA RATON, FL 33433 US

**Current Mailing Address:**

211 S. MAYA PALM DRIVE  
BOCA RATON, FL 33432 US

**New Mailing Address:**

6252 PETALUMA DRIVE  
BOCA RATON, FL 33433 US

**FEI Number:** 27-0309001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NEWMANN, LAWRENCE J  
TO 11 SOUTH MAYA PALM DRIVE  
BOCA RATON, FL 33432 US

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

NEWMANN, LAWRENCE J DR.  
6252 PETALUMA DRIVE  
BOCA RATON, FL 33433 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:** LAWRENCE J. NEWMANN, D.P.M.

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MRS.  
**Name:** NEWMANN, ANN C  
**Address:** 6252 PETALUMA DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

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:** LAWRENCE J. NEWMANN, D.P.M

DR.

04/20/2012

Electronic Signature of Signing Officer or Director

Date