

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000055631

**Entity Name:** ZOYLA A. ALMEIDA, MD, PA

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

**Current Principal Place of Business:**

5958 NW 62ND TERR  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5958 NW 62ND TERR  
PARKLAND, FL 33067

**New Mailing Address:**

**FEI Number:** 32-0286120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRA, MICHAEL MD  
5958 NW 62ND TERRACE  
PARKLAND, FL 33067 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:** ZOYLA ALMEIDA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALMEIDA, ZOYLA A MD  
**Address:** 5958 NW 62ND TERRACE  
**City-St-Zip:** PARKLAND, FL 33067

**Title:** VP  
**Name:** PARRA, MICHAEL W MD  
**Address:** 5958 NW 62ND TERRACE  
**City-St-Zip:** PARKLAND, FL 33067

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:** ZOYLA ALMEIDA

MD

09/06/2014

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

\_\_\_\_\_  
Date