

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000057628

Entity Name: LATA SHINTRE M.D., P.A.

**FILED**  
**Oct 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9577 CINNAMON CT  
PARKLAND, FL 33076

**New Principal Place of Business:**

6244 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

9577 CINNAMON CT  
PARKLAND, FL 33076

**New Mailing Address:**

6244 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076

FEI Number: 27-0508010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHINTRE, LATA  
9577 CINNAMON CT  
PARKLAND, FL 33076 US

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

SHINTRE, LATA  
6244 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076 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: LATA SHINTRE

10/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHINTRE, LATA  
Address: 6244 NW 120TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

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: LATA SHINTRE

D

10/17/2010

Electronic Signature of Signing Officer or Director

Date