

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000074705

FILED
Oct 03, 2011
Secretary of State

Entity Name: CENTER FOR ENDOCRINE DISEASES & ENDOCRINE TUMORS, P.A.

Current Principal Place of Business:

100 NW 170TH STREET
SUITE 101
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

4500 BISCAYNE BOULEVARD
SUITE 306
MIAMI, FL 33137

Current Mailing Address:

100 NW 170TH STREET
SUITE 101
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

4500 BISCAYNE BOULEVARD
SUITE 306
MIAMI, FL 33137

FEI Number: 27-3424234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KARL, MICHAEL
100 NW 170TH STREET
SUITE 101
NORTH MIAM BEACH, FL 33169 US

Name and Address of New Registered Agent:

DR. KARL, MICHAEL
570 NE 57TH STREET
MIAM, FL 33137 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: MICHAEL KARL, MD

10/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: KARL, MICHAEL
Address: 4500 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

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: MICHAEL KARL

DR.

10/03/2011

Electronic Signature of Signing Officer or Director

Date