

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000090987

Entity Name: SALTY ER MD, P.A.

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

701 S OLIVE AVE # 318  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 S OLIVE AVE # 318  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 27-3908004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LALANI, FARAH N  
701 S OLIVE AVE # 318  
WEST PALM BEACH, FL 33401 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: FARAH LALANI

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LALANI, FARAH N  
Address: 701 S OLIVE AVE # 318  
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: FARAH LALANI

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

P

10/02/2014

\_\_\_\_\_  
Date