

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000044418

**Entity Name:** ANTHONY CONDE M.D. P.A.

**FILED**  
**Apr 16, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1110 COCOANUT RD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

20401 SW 49 COURT  
SOTHWEST RANCHES, FL 33332

**Current Mailing Address:**

1110 COCOANUT RD  
BOCA RATON, FL 33432

**New Mailing Address:**

20401 SW 49 COURT  
SOTHWEST RANCHES, FL 33332

**FEI Number:** 45-5304664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONDE & COHEN, PL  
445 N. ANDREWS AVE  
SPACE 2  
FORT LAUDERDALE, FL 33301 US

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

CONDE, ANTHONY  
20401 SW 49 COURT  
SOUTHWEST RANCHES, FL 33332 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: ANTHONY CONDE

Electronic Signature of Registered Agent

04/16/2014

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONDE, ANTHONY  
Address: 20401 SW 49 COURT  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: ANTHONY CONDE

Electronic Signature of Signing Officer or Director

P

04/16/2014

Date