

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000035138

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** TOTAL PEDIATRIC CARE, P.A.

**Current Principal Place of Business:**

100 E COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39865  
FT. LAUDERDALE, FL 33339 US

**New Mailing Address:**

**FEI Number:** 65-0411962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDDIQI, USMAN M  
100 EAST COMMERCIAL BLVD  
FT LAUDERDALE, FL 33334 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:** USMAN M SIDDIQI MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SIDDIQI, USMAN M  
**Address:** 100 E. COMMERCIAL BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33334

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:** USMAN M SIDDIQI MD

D

02/21/2011

Electronic Signature of Signing Officer or Director

Date