

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000027077

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** ALAN S. SEIFER, M.D., P.A.

**Current Principal Place of Business:**

8353 SW 124TH ST  
#201  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8353 SW 124TH ST  
#201  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 65-0476251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEIFER, ALAN S  
8353 SW 124TH ST  
STE 201  
MIAMI, FL 33156 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: ALAN SEIFER MD PA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SEIFER, ALAN S  
Address: 8353 SW 124TH ST STE 201  
City-St-Zip: MIAMI, FL 33156

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: ALAN SEIFER MD PA

MD

06/14/2011

Electronic Signature of Signing Officer or Director

Date