

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000013349

**FILED**  
**Oct 10, 2011**  
**Secretary of State**

**Entity Name:** PHILIP COLAIZZO, M.D., P.A.

**Current Principal Place of Business:**

185 S BARFIELD HWY  
PAHOKEE, FL 33476 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4073  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 65-0556932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLAIZZO, PHILIP DR  
9283 SE COVE POINT  
TEQUESTA, FL 33469 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: PHILIP COLAIZZO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: COLAIZZO, PHILIP  
Address: 9283 SE COVE POINT ST  
City-St-Zip: TEQUESTA, FL 33469

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: PHILIP COLAIZZO

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

DR

10/10/2011

\_\_\_\_\_  
Date