

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000050946

**FILED**  
**Nov 21, 2014**  
**Secretary of State**

**Entity Name:** KATHERINE DALE GENTHER, M.D., P.A.

**Current Principal Place of Business:**

8930 SW 115TH TERRACE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8930 SW 115TH TERRACE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 65-0681512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KRINZMAN, ALAN E  
121 ALHAMBRA PLAZA STE 1000  
CORAL GABLES, FL 33134    US

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

KRINZMAN, ALAN E  
8930 SW 115TH TERRACE  
MIAMI, FL 33176    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: ALAN E KRINZMAN

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

11/21/2014

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GENTHER, KATHRINE D  
**Address:** 8930 SW 115TH TERRACE  
**City-St-Zip:** MIAMI, FL 33176

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: KATHERINE D GENTHER

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

D

11/21/2014

\_\_\_\_\_  
Date