

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000063662

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA NEUROVASCULAR INSTITUTE, P.A.

**Current Principal Place of Business:**

HARBOURSIDE MEDICAL TOWER  
5 TAMPA GENERAL CR. SUITE 200  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

HARBOURSIDE MEDICAL TOWER  
5 TAMPA GENERAL CR # 200  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-3458987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBAKRI, ERFAN A M.D.  
HARBOURSIDE MEDICAL TOWER  
5 TAMPA GENERAL CR. #200  
TAMPA, FL 33606 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:** ERFAN A ALBAKRI M.D.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ALBAKRI, ERFAN A M.D.  
**Address:** 5 TAMPA GENERAL CR. # 200  
**City-St-Zip:** TAMPA, FL 33606

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:** ERFAN A ALBAKRI M.D.

D

02/16/2011

Electronic Signature of Signing Officer or Director

Date