

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000090744

**Entity Name:** ZIAD A. KHATIB, M.D., P.A.

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3100 SW 62ND AVE STE 121  
C/O MIAMI CHILDREN'S HOSPITAL  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

14890 SW 75TH CT  
MIAMI, FL 33158

**New Mailing Address:**

14890 SW 75 CT  
MIAMI, FL 33158

**FEI Number:** 65-0789129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHATIB, ZIAD A  
3100 SW 62ND AVE.  
MIAMI, FL 33155 US

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

KHATIB, ZIAD A  
14890 SW 75 CT  
MIAMI, FL 33158 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: ZIAD KHATIB

Electronic Signature of Registered Agent

10/03/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: KHATIB, ZIAD A  
Address: 3100 SW 62ND AVE.  
City-St-Zip: MIAMI, FL 33155

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: ZIAD KHATIB

Electronic Signature of Signing Officer or Director

DR

10/03/2011

Date