

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000092298

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** ROBERT C. SIUDMAK & ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

3801 HOLLYWOOD BLVD.  
250  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3801 HOLLYWOOD BLVD.  
250  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0790541      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SIUDMAK, ROBERT C M.D.  
3801 HOLLYWOOD BLVD.  
250  
HOLLYWOOD, FL 33021 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: CATHY ALARCON

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** MD  
**Name:** SIUDMAK, ROBERT C M.D.  
**Address:** 3801 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** MGR  
**Name:** ALARCON, CATHY A  
**Address:** 3801 HOLLYWOOD BLVD STE 250  
**City-St-Zip:** HOLLYWOOD, FL 33021

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: CATHY ALARCON

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

MGR

01/04/2010

\_\_\_\_\_  
Date