## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000103467  1. Entity Name MARCOS REJTMAN, D.O., P.A.					08 MA	FILED Y-6 門 I:		
Principal Place	e of Business	Mailing Address			SECRE	TARY OF STA HASSEE, FLOR	TE .	
10405 NW 7TH ST.  PLANTATION, FL 33324 US PLANTATION, FL 33324				TV	TALLA	HASSEE, FLOR	AUA	
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
1361 Sawarass Corp. Pkwy 1361 Sawarass Cor Suite, Apt. #, etc.				050120001 REIN-PULL CREEDER (1/07)				
SUNTISE, FL SUNTISE, FL				4. FEI Numb 65-080			plied For t Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Add		
3332	6. Name and Address of Current	33323   Registered Agent	<u>uş</u>	7. Name and	Address of New Reg	Fee Required	d	
Name Name Operation								
REJTMAN, MARCOS  10405 NW 7TH STREET  Stept Addres					ss (P.O. Boy Number is Not Acceptable)			
PLANTATION, FL 33324  1361 Saugrass Corp. PKWY								
l			City			Zip Code	<del>-</del>	
8. The above	named entity submits this statement for	r the purpose of changing its r		OriSC or registered agent, or bo	th in the State of Flori	FL 339	32.3	
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
Sylicities, types or prince raine or registered agent as a line in appreciate (NOTE, registered Agent segmental required when remaining)								
FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND		11.	ADDITIONS,	CHANGES TO OFFIC	ERS AND DIRECTORS		
TITLE NAME	REJTMAN, MARCOS	☐ Delete	TITLE NAME	Restman	Marcos	☐ Change	Addition	
STREET ADDRESS	10405 NW 7TH STREET		STREET ADDRESS	Rejtman 1361 Sawa Sunrise, F	grass cor	porate Pk	<u>'</u> ₩Υ	
CITY-ST-ZIP	PLANTATION, FL 33324	☐ Delete	CITY-ST-ZIP	Sunrise, F	L 3332:	5 ☐ Change	Addition	
NAME		LJ Delete	NAME			change	Additor	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME	4	00128	566504 '017 **30	n 00	
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY - ST - ZIP	05/1	10/1001001	*************************************	0.00	
TITLE	.,	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	
name Street address			STREET ADDRESS				[	
CITY+ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	partify that the information assembled to	this filian plans and available	CfTY-ST-ZIP	contained in Charter 111	) Florido Ctorres 17	orthon and the sheet sheet to	otormation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daylime Phone #								
	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone #	-	