

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000107065

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** MEDICAL CONSULTANTS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10251 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

7501 WILES  
SUITE 104  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

10251 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

7501 WILES ROAD  
SUITE 104  
CORAL SPRINGS, FL 33067

**FEI Number:** 65-0806025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABINER, PAUL  
5499 N FEDERAL HWY., STE K  
BOCA RATON, FL 33487 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: PAUL LABINER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEWERT, RON DC  
Address: 10251 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEWERT, RON DC  
Address: 7501 WILES ROAD SUITE 104  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD LEWERT

PD

10/27/2008

Electronic Signature of Signing Officer or Director

Date