

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000046529

**Entity Name:** MARC A. LURIE O.D., P.A.

**FILED**  
**Oct 23, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

8259 SUNSET STRIP  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8259 SUNSET STRIP  
SUNRISE, FL 33322

**New Mailing Address:**

**FEI Number:** 65-0841848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVITT, PRESTON C ESQ.  
961 EAST COCO PLUM CIRCLE  
PLANTATION, FL 33325 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:** PRESTON LEVITT

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTSD  
**Name:** LURIE, MARC A  
**Address:** 8259 SUNSET STRIP  
**City-St-Zip:** SUNRISE, FL 33322

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:** MARC A. LURIE, OD

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

OD

10/23/2013

\_\_\_\_\_  
Date