

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 17 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 REIN-P CR2E098 (1/07)

DOCUMENT # P98000050154 1. Entity Name LEONARD HOCHSTEIN, M.D., P.A.					
Principal Place of Business 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131			Mailing Address 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 19495 BISCAYNE BLVD. Suite, Apt. #, etc. 204		3. Mailing Address 19495 BISCAYNE BLVD. Suite, Apt. #, etc. 204			
City & State AVENTURA, FL Zip 33180		City & State AVENTURA, FL Zip 33180		4. FEI Number 65-0849734	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUBIT, DONALD E ESQ. 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HOCHSTEIN, LEONARD M.D. 19495 BISCAYNE BLVD 204 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400115396874 01/17/08--01030--021 **300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 11/14/08 305 931 3338 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>		