

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000071031

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** EDDY J. LOUISSAINT, M.D., P.A.

**Current Principal Place of Business:**

601 N CONGRESS AVE  
STE 404  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

7470 ANADALE CIRCLE  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 65-0857378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERRERO, ROBERT JR  
3275 W HILLSBORO BLVD  
STE 204  
DEERFIELD BEACH, FL 33442 US

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

FILKINS, ERIC  
440 S FEDERAL HIGHWAY  
STE 110  
DEERFIELD BEACH, FL 33441 US

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: ERIC FILKINS

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOUISSAINT, EDDY J  
Address: 601 N CONGRESS AVE, STE 404  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MD  
Name: LOUISSAINT, EDDY  
Address: 601 N CONGRESS AVE, STE 404  
City-St-Zip: DELRAY BEACH, FL 33445

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: EDDY LOUISSAINT

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date