

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -2 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S99018

1. Corporation Name

Beatrice R. Hecker M.D., P.A.

W07000011273

2. Principal Office Address - No P.O. Box #

8955 SW 87 CT

Suite, Apt. #, etc.

Suite 115

City & State

Miami, FL

Zip

33176

Country

U.S.A.

3. Mailing Office Address

8955 SW 87 CT

Suite, Apt. #, etc.

Suite 115

City & State

Miami, FL

Zip

33176

Country

U.S.A.

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/91

5. FEI Number

650298875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BEATRICE HECKER M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)

8955 SW 87 CT

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33176

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/1/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Beatrice Hecker	8955 SW 87 CT Suite 115	Miami, FL 33176

300097219913
04/17/07--01038--018 **450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/2007 3052743211

Daytime Phone #

464

2082

BEATRICE HECKER, MD, LLC
OBSTETRICS AND GYNECOLOGY

8955 SW 87 Ct.
Suite 115
Miami, FL 33176

Tel: (305) 274-3211
Fax: (305) 274-3212

February 5, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

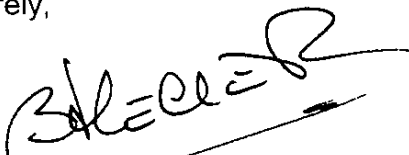
RE: Document # S99018
Change of Address Notification

To Whom it May Concern:

Please be advised that my failure to make a timely renewal of my M.D. P.A. corporation is a result of an address discrepancy. Our office has moved, and is now at **8955 SW 87th CT, Suite 115 Miami, FL 33176**. I did indeed renew my L.L.C. corporation.

I have enclosed payment. Please make note of our new office address. Thank you very much for your attention with respect to this matter.

Sincerely,



Beatrice Hecker M.D.