1052

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

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # S99018

1. Corporation Name

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

W07000011273

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8955 SW 87 Ct	8955 SW 87 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 115	Suite 115
City & State	City & State
Miami, Fl.	Miami, Fl.
Zip / Country	Zip / Country
33176 / U.S.A.	33176 / U.S.A.

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 S.W. 87 CRT

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: Beatrice R Hecker M.D Date: 3/1/2007

REGISTERED AGENT MUST SIGN

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--019 **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: Beatrice R Hecker M.D 3/1/2007 3052743211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/4/00

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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.