

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V12717

**FILED**  
**May 13, 2011**  
**Secretary of State**

**Entity Name:** EAST/WEST PEDIATRICS, P.A.

**Current Principal Place of Business:**

1319 SE 2ND AVENUE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1319 SE 2ND AVENUE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-0318791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KABBINAMANE, DHARMAPPA  
1319 SE 2ND AVENUE  
FORT LAUDERDALE, FL 33316 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: KABBINAMANE DHARMAPPA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: SAHASRANAMAN, PALGHAT M.  
Address: 1319 SE 2ND AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PD  
Name: DHARMAPPA, KABBINAMANE V  
Address: 1319 SE 2ND AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: KABBINAMANE DHARMAPPA

PD

05/13/2011

Electronic Signature of Signing Officer or Director

Date