

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V37261

FILED  
Oct 25, 2007  
Secretary of State

Entity Name: J HARRIS LEVY, M.D., P.A.

## Current Principal Place of Business:

100 NW 170TH ST  
STE 301  
MIAMI, FL 33169 US

## New Principal Place of Business:

184 NE 168TH STREET  
MIAMI, FL 33162 US

## Current Mailing Address:

100 NW 170TH ST  
STE 301  
MIAMI, FL 33169 US

## New Mailing Address:

184 NE 168TH STREET  
MIAMI, FL 33162 US

FEI Number: 65-0352766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, JAY HARRIS MD  
808 BRICKELL KEY BLVD #3604  
MIAMI, FL 33131 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: JAY HARRIS LEVY, MD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: LEVY, JAY HARRIS MD,  
Address: 100 NW 170 STREET STE 301  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete  
Name: TAHER, RASHID MD  
Address: 1717 N BAYSHORE DRIVE #2644  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: LEVY, JAY HARRIS MD,  
Address: 184 NE 168TH STREET  
City-St-Zip: MIAMI, FL 33162

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAY HARRIS LEVY, M.D.

PRES

10/25/2007

Electronic Signature of Signing Officer or Director

Date