

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V68947

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** NICUSOR IEREMIA, M.D., P.A.

**Current Principal Place of Business:**

7280 W. PALMETTO PARK ROAD  
SUITE 103  
BOCA RATON, FL 334333401

**New Principal Place of Business:**

**Current Mailing Address:**

7280 W. PALMETTO PARK ROAD  
SUITE 103  
BOCA RATON, FL 334333401

**New Mailing Address:**

**FEI Number:** 65-0358611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IEREMIA, NICUSOR  
7280 W PALMETTO PARK RD #103  
STE 301A  
BOCA RATON, FL 334333401 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:** NICUSOR IEREMIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** IEREMIA, NICUSOR  
**Address:** 7280 W. PALMETTO PK RD, #103  
**City-St-Zip:** BOCA RATON, FL 334333401

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:** NICUSOR IEREMIA

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date