

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F89840

**Entity Name:** JOSHUA & JOSHUA, M.D., P.A.

**Current Principal Place of Business:**

POINCIANA PROFESSIONAL PLAZA  
3918 VIA POINCIANA, SUITE #1  
LAKE WORTH, FL 33467

**Current Mailing Address:**

POINCIANA PROFESSIONAL PLAZA  
3918 VIA POINCIANA, SUITE #1  
LAKE WORTH, FL 33467

**FEI Number:** 23-2126499

**Certificate of Status Desired:** Yes

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

JOSHUA, BASKARAN MD  
3918 VIA POINCIANA, SUITE #1  
LAKE WORTH, FL 33467 US

*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:** JOSHUA, BASKARAN MD

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	SD
Name	JOSHUA, BASKARAN MD	Name	JOSHUA, GRACY
Address	3918 VIA POINCIANA,STE.1	Address	3918 VIA POINCIANA STE 1
City-State-Zip:	LAKE WORTH FL	City-State-Zip:	LAKE WORTH FL

*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:** BASKARAN JOSHUA MD

**PRESIDENT**

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date