

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P15000054899

**Entity Name:** PETER H. GACH M.D., P.A.

**Current Principal Place of Business:**

2825 NORTH STATE RD 7  
MARGATE, FL 33063

**Current Mailing Address:**

2825 NORTH STATE RD 7  
MARGATE, FL 33063

**FEI Number:** 65-0118506

**Certificate of Status Desired:** No

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

GACH, PETER H MD  
2825 NORTH STATE RD 7  
MARGATE, FL 33063 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:** PETER H GACH, MD

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name GACH, PETER H MD  
Address 2825 NORTH STATE RD 7  
City-State-Zip: MARGATE FL 33063

*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:** PETER H GACH MD

PHYSICIAN

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date