

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F19876

**FILED**  
**Oct 17, 2007**  
**Secretary of State**

**Entity Name:** JAMES H. CASCHETTE, D.O., P.A.

**Current Principal Place of Business:**

1900 N UNIVERSITY DR #206  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

2261 N UNIVERSITY DRIVE  
203  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1900 N UNIVERSITY DR #206  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

2261 N UNIVERSITY DRIVE  
203  
PEMBROKE PINES, FL 33024

FEI Number: 59-2059973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASCHETTE, JAMES H. DO  
1900 N UNIVERSITY DR #206  
PEMBROKE PINES, FL 33024 US

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

CASCHETTE, JAMES H. DO  
2261 N UNIVERSITY DR  
#203  
PEMBROKE PINES, FL 33024 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: JAMES H. CASCHETTE, DO

10/17/2007

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: PD ( ) Delete  
Name: CASCHETTE, JAMES H.D, O  
Address: 1900 N UNIVERSITY DR #206  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CASCHETTE, JAMES H.D, O  
Address: 2261 N UNIVERSITY DR #203  
City-St-Zip: PEMBROKE PINES, FL 33024

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: JAMES H. CASCHETTE

PRES

10/17/2007

Electronic Signature of Signing Officer or Director

Date