## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000126751

Entity Name: AYALA & GIAGONELLI ALTERNATIVE CLINIC, P.A

FILED Oct 06, 2005 Secretary of State

Littly Nan	ile. ATALA &	GIAGONELLI ALTERNATIVE	JUNIO, P.A.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	KE MARY BLV Y, FL 32746	'D STE 207			
Current Mailing Address:			New Mailing Address:		
	KE MARY BLV Y, FL 32746	'D STE 207			
FEI Number:	55-0801908	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CAPKO, ROBERT J 365 WAYMONT COURT STE 105 LAKE MARY, FL 32746 US				CAPKO, ROBERT J 125 E. WILBUR AVENUE LAKE MARY, FL 32746 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ROBERT J CAPKO				10/06/2005	
	Electron	ic Signature of Registered Age	nt	Date	
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () AYALA, MELISA 1456 ROYAL TE DELTONA, FL	ERRACE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VSD () GIAGONELLI, J 407 ABENO TEI DELTONA, FL 3	RRACE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNIFER GIAGONELLI VSD 10/06/2005