

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000023831

FILED
Oct 15, 2004
Secretary of State

Entity Name: HITEN KISNAD, M.D., P.A.

Current Principal Place of Business:

2850 ISABELLA BLVD
#50
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

1331 FIRST STREET NORTH
#801
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3308189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISNAD, HITEN MD
2688 COVE VIEW DR N
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

370 15TH AVENUE SOUTH
'C'
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

370 15TH AVENUE SOUTH
'C'
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

KISNAD, HITEN MD
1331 FIRST STREET NORTH,
801
JACKSONVILLE BEACH, FL 32250 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: HITEN KISNAD, MD

10/15/2004

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: PST () Delete
Name: HITEN KISNAD,
Address: 1331 FIRST STREET NORTH, #801
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HITEN KISNAD

PST

10/15/2004

Electronic Signature of Signing Officer or Director

Date