
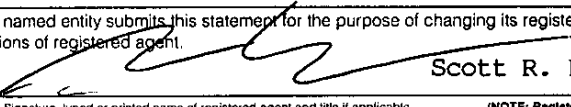
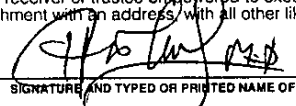


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000013627 1. Entity Name AMIT I. SHAH, M.D., P.A.		
Principal Place of Business 6801 U.S. 27 NORTH STE. A-2 SEBRING, FL 33870		Mailing Address 6801 U.S. 27 NORTH STE. A-2 SEBRING, FL 33870
2. Principal Place of Business 4420 Sun n Lake Blvd.	3. Mailing Address 4420 Sun 'n Lake Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Sebring, FL	City & State Sebring, FL	4. FEI Number 65-0826332
Zip 33872	Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M 2240 BELLEAIR ROAD STE. 160 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Scott R. LeConey Street Address (P.O. Box Number is Not Acceptable) 425 S. Commerce Avenue City Sebring
8. 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. I am familiar with, and accept the obligations of registered agent.		FL Zip Code 33870
SIGNATURE: 		DATE 9-30-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		Scott R. LeConey, Reg. Agent
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D <input type="checkbox"/> Delete NAME SHAH, AMIT I STREET ADDRESS 6801 U.S 27 NORTH STE. A-2 CITY-ST-ZIP SEBRING, FL 33870	TITLE D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Shah, Amit I. STREET ADDRESS 4420 Sun n Lake Blvd. CITY-ST-ZIP Sebring, FL 33872	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS Shah, Parul CITY-ST-ZIP 4420 Sun 'n Lake Blvd. Sebring, FL 33872	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 900060185779 CITY-ST-ZIP 10/03/05--01057--001 **150.00	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS PERNS... 05	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP T. Roberts OCT 04 2005	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: 		Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9-30-05
863-385-1244		Daytime Phone #

FILED
05 OCT -3 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)