Hodgson Russ LLP 2/22/2007 4:41

1 of 2

02-08-07 10:08 From-

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 AM 9:47

2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 06-07

DOCUMENT # P98000055373

1. Entity Name
SHARON FRIED-BUCHALTER, PH.D., P.A.

Principal Place of Business	Mailing Address
4800 LINTON BLVD, BUILDING A-202 DELRAY BEACH, FL 33445-6586	4800 LINTON BLVD, BUILDING A-202 DELRAY BEACH, FL 33445-6586
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01292007 REIN-P CR2E005 (1/07)

4. FEI Number 65-0849650 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIED-BUCHALTER, SHARON PH.D. 4800 LINTON BLVD, BUILDING A-202 DELRAY BEACH, FL 33445-6586	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE: ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $[illegible]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIED-BUCHALTER, SHARON PH.D. 4800 LINTON BLVD, BUILDING A-202 DELRAY BEACH, FL 334456586 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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.

Sharon Fried-Buchalter, PH.D., Director

SIGNATURE: X [signature] 2/7/07 (561) 989-3840

Signature, typed or printed name of signing officer or director — Date — Daytime Phone #

H07000048900 3

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* ACCORDING TO THE 2007 FOR PROFIT CORPORATION REINSTATEMENT FORM, THE FILING FEE IS $300 AND NOT $900. PLEASE ADJUST ACCORDINGLY. THANK YOU.

CORPORATION REINSTATEMENT

SHARON FRIED-BUCHALTER, PH.D., P.A.

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