

02-08-07 10:08 From-

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 FEB 22 AM 9:47

2007 FOR PROXY CORPORATION
REINSTATEMENT

DOCUMENT # P98000055373			
1. Entity Name SHARON FRIED-BUCHALTER, PH.D., P.A.			
Principal Place of Business 4800 LINTON BLVD. BUILDING A-202 DELRAY BEACH, FL. 33445-6506		Mailing Address 4800 LINTON BLVD. BUILDING A-202 DELRAY BEACH, FL. 33445-6506	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
State, Apt. & etc.		State, Apt. & etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent FRIED-BUCHALTER, SHARON PH.D. 4800 LINTON BLVD. BUILDING A-202 DELRAY BEACH, FL. 33445-6506		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
6. The above named entity certifies 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: _____			
FILER NUMBER: FILE IS 630660		In accordance with s. 897.13(2)(b), F.S., the corporation did not receive the prior notice.	
OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS PER 11	
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2. ☐ Delete FRIED-BUCHALTER, SHARON PH.D. 4800 LINTON BLVD. BUILDING A-202 DELRAY BEACH, FL. 33445-6506	3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4. ☐ Change ☐ Add
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6. ☐ Delete	7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	8. ☐ Change ☐ Add
9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	10. ☐ Delete	11. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	12. ☐ Change ☐ Add
13. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	14. ☐ Delete	15. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	16. ☐ Change ☐ Add
17. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	18. ☐ Delete	19. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	20. ☐ Change ☐ Add
21. I hereby certify that the information reported with this filing does not qualify for the exemptions contained in Chapter 140, Florida Statutes. I further certify that the information reported on this report or incorporated 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 holder of a position empowered to execute this report as provided by Chapter 140, Florida Statutes and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with or without the corporation.			
SIGNATURE: <i>Sharon Fried-Buchalter, PH.D.</i> 2/22/07 551-5840			

REINSTATEMENT 06-07

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000048900 3)))



H070000489003ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0384

From: Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (561) 394-0500
Fax Number : (561) 394-3862

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

CORPORATION REINSTATEMENT

THANK YOU.

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00 \$300.00

Electronic Filing Menu

Corporate Filing Menu

Help