

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -6 PM 12:33

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 512143

1. Corporation Name
Mohammad Idrees M.D., P.A.

2. Principal Office Address - No P.O. Box #
1454 Bellaire Lane N.E. SAME

Suite, Apt. #, etc.

City & State
Palm Bay FL 32905

Zip Country
32905 U.S.A.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
FL 32905

Zip Country

600152409266
04/24/09--01046--001 **150.00
CR25081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida
Approx. 1978

5. FEI Number
#59-1692262

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent

Name
Mohammad Idrees M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)
1454 Bellaire Lane N.E.

Suite, Apt. #, Etc.

City State Zip Code
Palm Bay FL 32905

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent
Date 4/21/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M.D.	Mohammad Idrees	1454 Bellaire Ln. N.E.	Palm Bay, FL 32905

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #