

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 30 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 12-3-07



REINSTATEMENT 07

<b>DOCUMENT # 686708</b> 1. Entity Name <b>LARRYE M. FELDMAN, D.O., P.A.</b>					
Principal Place of Business <b>ONE SHERIDAN PLACE 3990 SHERIDAN STREET, #213 HOLLYWOOD, FL 33021-3656 US</b>			Mailing Address <b>ONE SHERIDAN PLACE 3990 SHERIDAN STREET, #213 HOLLYWOOD, FL 33021-3656 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3389 Sheridan Street</b>		3. Mailing Address <b>3389 Sheridan Street</b>			
Suite, Apt. #, etc. <b>#204</b>		Suite, Apt. #, etc. <b>#204</b>			
City & State <b>Hollywood, Florida</b>		City & State <b>Hollywood, Florida</b>		4. FEI Number <b>59-2019914</b>	
Zip <b>33021-3606</b>		Country <b>USA</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FELDMAN, LARRYE M., D.O. 3990 SHERIDAN ST STE 213 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>FELDMAN, LARRYE M., D.O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3389 Sheridan Street</b> <b>#204</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021-3606</b>		
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. <i>Larrye M. Feldman, D.O.</i> <b>Larrye M. Feldman, D.O.</b> <b>11/23/07</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>FELDMAN, LARRYE M., D.O.</b> <input type="checkbox"/> Delete <b>3990 SHERIDAN ST, STE 213</b> <b>HOLLYWOOD, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>Feldman, Larrye M., D.O.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3389 Sheridan Street, #204</b> <b>Hollywood, Florida 33021-3606</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000112729290</b> <b>11/30/07--01049--005 **758.75</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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.					
<b>SIGNATURE:</b> <i>Larrye M. Feldman, D.O.</i> <b>LARRYE M. FELDMAN, D.O. - PRESIDENT</b>			<b>11/23/07 954-240-0813</b> Date Daytime Phone #		