2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# 693346

Entity Name: ALAN M. LAZAR, M.D., P.A.

Current Principal Place of Business:

301 NW 84TH AVE
SUITE 303
PLANTATION, FL 33324

New Principal Place of Business:

350 NW 84TH AVE
SUITE 206
PLANTATION, FL 33324

Current Mailing Address:

301 NW 84TH AVE
SUITE 303
PLANTATION, FL 33324

New Mailing Address:

350 NW 84TH AVE
SUITE 206
PLANTATION, FL 33324

FEI Number: 59-2101768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZAR, ALAN M.
301 NW 84TH AVENUE
SUITE 303
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

LAZAR, ALAN M.
350 NW 84TH AVENUE
SUITE 206
PLANTATION, FL 33324 US

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.

SIGNATURE: ALAN M. LAZAR, M.D. 02/27/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAZAR, ALAN M, MD,
Address: 301 NW 84TH AVE
City-St-Zip: PLANTATION, FL

Title: VST ( ) Delete
Name: LAZAR, ALAN M, MD,
Address: 301 NW 84TH AVE
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAZAR, ALAN M, MD,
Address: 350 NW 84TH AVE
City-St-Zip: PLANTATION, FL

Title: PRES (X) Change ( ) Addition
Name: LAZAR, ALAN M, MD,
Address: 350 NW 84TH AVE
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN M. LAZAR, M.D. PRES 02/27/2006
Electronic Signature of Signing Officer or Director Date