

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 12, 2006  
Secretary of State**

DOCUMENT# F01339

Entity Name: CARL C. AMKO, M.D., P.A.

**Current Principal Place of Business:**

1625 SE 3RD AVE  
STE 723  
FT LADUERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

1625 SE 3RD AVE  
STE 723  
FT LAUDERDALE, FL 33316 US

**New Mailing Address:**

FEI Number: 59-2028789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMKO, CARL, C., M.D., P.A.  
1625 SE 3RD AVE  
STE 723  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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: CARL AMKO MD

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: PVT ( ) Delete  
Name: AMKO, CARL C,  
Address: 1625 SW 3RD AVE STE 723  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: SD ( ) Delete  
Name: AMKO, CARL C,  
Address: 1625 SE 3RD AVE STE 723  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: AMKO, CARL C,  
Address: 1625 SE 3RD AVE STE 723  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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: CARL AMKO MD

Electronic Signature of Signing Officer or Director

SD

10/12/2006

Date