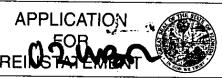
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F872

1. Corporation Name

GUIDO G. URIZAR, M.D., P.A.

Principal Place of Business

Mailing Address

9299 SW 152 ST #200 MIAMI FL 33157 9299 SW 152 ST #200

MIAMI FL 33157

FILED

02 NOV -6 PH 12: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>:</u>

If above add	resses are incorrect in any way, line	through incorrect information	and enter correction below		
2. New Principal Office Address, If Applicable 4375 40 152 51 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 9235 Sw 152 St. Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida	05/27/1982
City & State		City & State	3	5. FEI Number 59-2192541	Applied For
miam	i FL	miami	FL		Not Applicable
Zip 3315?	Country USA	Zip 33157	Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and	Street Addresses of Each Officer ar	nd/or Director (Florida nonp		t least 3 directors)	· · · · · · · · · · · · · · · · · · ·
T:41- (-)	Name of Officers		Street Address of F		

7. Names	and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	URIZAR MD, GUIDO G	9299 S W 152 ST STE 206	MIAMI FL
		7C	0008830447 0201075010 **150.00
		Willy	·
		De garde.	

8. Name and Address of Current Registered Agent

URIZAR, GUIDO G 9299 SW 152 ST #200

venadden

9. Name and Address of New Registered Agent

Guido G Ulizar M

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

<u>Suns</u> 103

"M'alei

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

MAIMI FL 33157

Elorupajuk D

Date 10/28/02

11. 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurage, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Daytime Phone 4

S

GUIDO-G. URIZAR, M.D. 9275 SW 152 STREET SUITE 103 MIAMI, FLORIDA 33157 PHONE: 305-232-0084

FAX: 305-378-4581

10-29-02

Attention: Department of State Division of State P.O. Box 6327 Tallahassee, Fl 32314

Re: Dr.Guido G. Urizar, M.D., P.A.

Document# F87248

To Whom It May Concern:

I am writing this letter in regards to a letter received on Oct.25,2002 stating that we did not file its 2002 corporation annual report/uniform business report in accordance with Florida Statutes, and our corporation is dissolved or revokes effective Oct.4,2002. The renewal was never sent to us. Our address is listed above and the address that is on this is 9299 S.W. 152 St #200. We have contacted Shawanda at telephone #1-850-245-6059., and she has advised me to send this letter, with \$150.00 to the above address with the corrected information.

Your prompt attention with this matter is greatly appreciated.

Sincerely,

udo Uruanyo Guido G. Urizar.M.D.