


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

PS 1/2

FILED
OCT 12 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H11178	
1. Entity Name JOHN C. NORDT, III, M.D. AND ASSOCIATES, P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 427 Biltmore Way		3. Mailing Address The same	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State	
Zip 33134	Country	Zip	Country

4. FEI Number 592431847	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

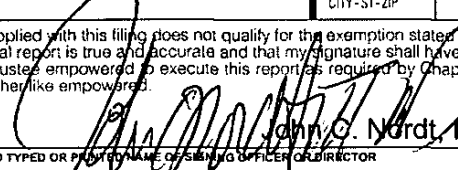
7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor	
City Miami	FL Zip Code 33145

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, SPIEGEL & UTRERA, P.A.	
SIGNATURE By: 	Natalia Utrera, Vice President 10/11/05
<small>Signature, typed or printed name of registered agent and firm if applicable</small>	<small>DATE Registered Agent signature required when reinstating</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John C. Nordt, III, M.D. 427 Biltmore Way, Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060730378 10/18/05--01087--004 **450.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	John C. Nordt, III, M.D. <small>Date</small> 10/5/05 305-662-2851 <small>Daytime Phone</small>

CR2E034B (12/02)

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

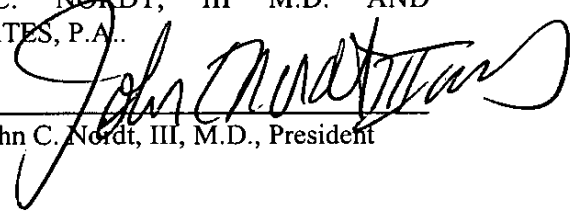
STATE OF FLORIDA)
)
COUNTY OF DADE)

1. John C. Nordt, III, M.D. is the President of JOHN C. NORDT, III M.D. AND ASSOCIATES, P.A., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 19, 2003.
3. That the Corporation failed to file its 2003, 2004, and 2005 Annual Report or pay the 2003, 2004, and 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2003, 2004, and 2005 Annual Report fees and the filing of its 2003, 2004, and 2005 Annual Reports, which are presented simultaneously with this Affidavit.
5. JOHN C. NORDT, III M.D. AND ASSOCIATES, P.A.. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 5 day of Oct., 2005

FURTHER, AFFIANT SAYETH NOT

JOHN C. NORDT, III M.D. AND ASSOCIATES, P.A..

By: 
John C. Nordt, III, M.D., President

SWORN AND SUBSCRIBED

before me this 5 day of Oct., 2005



Notary Public, State of Florida at Large

Printed Name: Barbara Wright

Commission Expires: _____



Barbara Wright
My Commission D0331400
Expires June 22, 2008