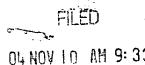
2004 FOR PROFIT CORPORATION REINSTATEMENT

فيموذ عو

SIGNATURE:





11/8/04 Dayting Phone / 04

DOCUMEN I # H88804 1. Entity Name TAMMIRAJU S. KALIDINDI, M.D., P.A.								(J4 NOV 10 SECRETARY TALLAHASSE			
Principal Place 7420 N.W. 5 SUITE 103 PLANTATION	TH STREET		74 SU	ling Address 20 N.W. 5TH STREET ITE 103 ANTATION, FL 3331		s	R	1	AIEM		09	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				11022004	REIN-P	CR2E	098 (6/04)		
City & State			City & State				4. FEI Numb 59-262				pplied For ot Applicable	
Zip	Country			р	itry		5. Certificate of Status Desired \$8.75 Additional Fee Required			litional d		
6. Name and Address of Current				egistered Agent			7. Name and Address of New Registered Agent					
KALIDINDI, TAMMIRAJU S. 7420 N.W. 5TH STREET SUITE 103 PLANTATION, FL 33317						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
		FEE IS \$150.00 05, Fee will be \$300.0	00	0					In accordance corporation did			
10.	Р	OFFICERS AND	DIRECT		11.			ADDITIONS	CHANGES TO OFF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KALIDINE 7420 N.W	DI, TAMMIRAJU S. 7. 5TH STREET, #103 TON, FL 33317		□ Delete		1		11/1	00042 004-0162	631 5001	□ Change □ 4 〒 **150	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. .	- سياحه ا	·	☐ Delete		i		. " - 	age value	,,,,,,,,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		,					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	I '	1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete							☐ Change	☐ Addition
indicated of the cor	on this repor poration or th	e information supplied with rt or supplemental report is ne receiver or trustee emp achment with an address,	s true an owered t	d accurate and that most be described as a course this report.	ny signal	ture shall hav	e the s	same legal effec	t as if made under	oath; that I a	am an officer	or director



FILED

OH NOV 10 AM 9: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 2, 2004

State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Tammiraju S. Kalidindi, MD, PA

H88804

Dear Sir or Madam:

We discovered that our client's corporation has been dissolved for non-filing of their annual report.

Our client does not recall receiving any notices regarding the annual report.

We are enclosing a signed 2004 For Profit Corporation Reinstatement form and a check in the amount of \$150.00.

We respectfully request the status be reactivated immediately.

Please give me a call if you have any questions.

Sincerely,

Steve Relis

Gutta, Koutoulas, & Relis LLC