2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 14 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005
10102005 ✓ REIN-PA CR2E098 (6/04)

DOCUMENT # J95994

1. Entity Name
GUY V. ZINGARO, M.D., P.A.

Principal Place of Business	Mailing Address
3100 CORAL HILLS DR STE 306 ~~POMPANO BEACH~~, FL 33065 US Coral Springs, FL	3100 CORAL HILLS DR STE 306 ~~POMPANO BEACH~~, FL 33065 US Coral Springs, FL

2. Principal Place of Business		3. Mailing Address	
3100 Coral Hills Dr.		3100 Coral Hills Dr.	
Suite, Apt. #, etc.: STE # 306		Suite, Apt. #, etc.: STE #306	
City & State: Coral Springs, FL		City & State: Coral SPRINGS, FL	
Zip: 33065	Country: Broward	Zip: 33065	Country: Broward

4. FEI Number: 65-0008403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZINGARO, GUY V.
3100 CORAL HILLS DR
SUITE 306
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
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 X [signature] 10/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

✓ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINGARO, GUY V. 3100 CORAL HILLS DR., SUITE 306 POMPANO BEACH, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zingaro, Guy V. 3100 Coral Hills Dr. STE 306 CORAL SPRINGS, FL. 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060627365 10/14/05--01054--020 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 954/753-9412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #