2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L61055

City-St-Zip: PLANTATION, FL

Entity Name: GEORGES EDOUARD, M.D., P.A.

FILED Aug 11, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE#2	SUNRISE BLVD 08 ION, FL 33322				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE#2	SUNRISE BLVD 08 ION, FL 33322				
FEI Number	: 65-0305874	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	e and Address of New Registered Agent:	
8320 W SI STE 208	D, GOERGES M UNRISE BLVD ION, FL 33322				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: GEORGE	S EDOUARD			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no J Trust Fund Contribution ().	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PST () EDOUARD, GE 1891 NW 108T		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GEORGES EDOUARD PST 08/11/2008