

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -5 PM 2:16

DOCUMENT # N03000005322

1. Entry Name
M.S.D.O.P.A., INC.



Principal Place of Business
5901 PINE ISLAND RD
PARKLAND, FL 33076

Mailing Address
5901 PINE ISLAND RD
PARKLAND, FL 33076

REINSTATEMENT 05-06



2. Principal Place of Business
5901 Pine Island Rd.
State: AP # 135

3. Mailing Address
5944 Coral Ridge Dr.
135
City & State: Coral Springs, FL

03212006 REIN-NP CR2E099 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State: Parkland, FL
Zip: 33076
Country: USA

City & State: Coral Springs, FL
Zip: 33076
Country: USA

6. Name and Address of Current Registered Agent

CALMER, DEAN
5901 PINE ISLAND RD
STONEMAN DOUGLAS HIGH SCHOOL
PARKLAND, FL 33076

7. Name and Address of New Registered Agent
Name: Alexandra Taylor
Street Address (P.O. Box Number is Not Acceptable): 5944 Coral Ridge Dr. # 135
City: Coral Springs, FL Zip Code: 33076

8. The above named entity states that it is not 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]

(NOTE: Registered Agent signature required when reinstating)

3/21/06

FILE NOW!!! FEE IS \$122.50

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

NAME	PD
NAME	DITTO, LOUISE
STREET ADDRESS	1719 NW 107TH DR
CITY & STATE	CORAL SPRINGS, FL 33071
NAME	TD
NAME	LEVENSON, ALAN
STREET ADDRESS	9523 NW 67TH PLACE
CITY & STATE	PARKLAND, FL 33076
NAME	SD
NAME	PETTY, GAIL
STREET ADDRESS	3215 NW 114TH LANE
CITY & STATE	CORAL SPRINGS, FL 33065
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	

☒ Director
☐ Officer
☐ Director
☐ Officer
☐ Director
☐ Officer
☐ Director
☐ Officer
☐ Director
☐ Officer
☐ Director
☐ Officer
☐ Director
☐ Officer
☐ Director
☐ Officer

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	PD	☒ Change ☐ Addition
NAME	Alexandra Taylor	
STREET ADDRESS	5944 Coral Ridge Dr. # 135	
CITY & STATE	Coral Springs, FL 33076	
NAME	TD	☒ Change ☐ Addition
NAME	Kathryn Sullivan	
STREET ADDRESS	6917 NW 65 Terr.	
CITY & STATE	Parkland, FL 33076	
NAME	SD	☒ Change ☐ Addition
NAME	Dean Calmer	
STREET ADDRESS	4341 NW 3rd CT	
CITY & STATE	Coconut CK, FL 33076	
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		

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12. I hereby certify that the information supplied in this filing document 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 this corporation or the officer or director of a predecessor or successor corporation, and that my name appears in Block 10 or Block 11 if changed or on an attachment thereto in addition to with all of the following provisions:

SIGNATURE: *[Signature]* Alexandra Taylor, M.D.

3/21/06 954-255-6686

SIGNATURE AND TYPE (PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

13. Officer's Print Name