

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000058052

Entity Name: RUTH C. SCHOBEL, M.D., P.A.

FILED  
Oct 08, 2005  
Secretary of State

## Current Principal Place of Business:

7480 FAIRWAY DR STE 202  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

7480 FAIRWAY DRIVE  
SUITE 202  
MIAMI LAKES, FL 33014

## Current Mailing Address:

7240 W TROON CIR  
MIAMI LAKES, FL 33014

## New Mailing Address:

15945 WEST PRESTWICK PLACE  
MIAMI LAKES, FL 33014

FEI Number: 65-1018385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGBEIN, LESLIE W  
C/O LANGBEIN & LANGBEIN, P.A.  
20801 BISCAYNE BLVD SUITE 506  
MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

LANGBEIN, LESLIE W  
C/O LANGBEIN & LANGBEIN, P.A.  
8181 NW 154 ST SUITE 105  
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: LESLIE LANGBEIN

10/08/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: SCHOBEL, RUTH C  
Address: 15945 W. PRESTWICK PLACE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: SCHOBEL, RUTH C  
Address: 15945 W. PRESTWICK PL  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: SCHOBEL, RUTH C MD  
Address: 15945 W. PRESTWICK PLACE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Change ( ) Addition  
Name: SCHOBEL, RUTH C MD  
Address: 15945 W. PRESTWICK PL  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH C SCHOBEL MD

D

10/08/2005

Electronic Signature of Signing Officer or Director

Date