2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAY -2 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072403

1. Entity Name
BALTASAR LAKESIDE CENTER, INC.

REINSTATEMENT 05-06
000L2006 REIN P CR2E098 (11/05)

Principal Place of Business	Mailing Address
1573 WEST FAIRBANKS AVE. STE. 200 WINTER PARK, FL 32789	1573 WEST FAIRBANKS AVE. STE. 200 WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
	105 E. Robinson ST.
Suite, Apt. #, etc	Suite, Apt. #, etc. 500
City & State	City & State Orlando, FL.
Zip / Country	Zip / Country 32801 / Orange

4. FEI Number
59-3661432
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SATTUZAHN, MARIA LUISA 215 QUAYSIDE CIRCLE MAITLAND, FL 32751	Name: Pino y Torres, Jose L. M.D. Street Address (P.O. Box Number is Not Acceptable): 105 E. Robinson ST. suite # 500 City: Orlando FL Zip Code: 32801

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: _____ 5/1/2006
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $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	VP PINO Y TORRES, JOSE L MD 702 FAIR OAKS LANE MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SATTIZAHN, MARIA LUISA 215 QUAYSIDE CIRCLE MAITLAND, FL 32751	☑ 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 100074537221 05/15/06--01003--018 **300.00
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 exemptions contained 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 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: _____ 5/1/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

B. Mitchell MAY 9 2006