2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000082160 1. Entity Name ALEX T. ZAKHARIA, M.D., P.A.						FILED 06 DEC -5 PM 3: 35			
Principal Place of Business Mailing Address						SESTE LARY OF S	ME.		
6262 SUNSET DRIVE SUITE 401		6262 SUNSET DRIVE SUITE 401				1 1 85 T. PI	_O∰UA		
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2. Principal Place of Business		Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11202006	INSTATE				
City & State		City & State			4. FEI Number Applied F 65-1115405 Not Appli		Plied For Applicable		
Zip Counti	y Zip Cou		Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ZAKHARIA, ALEX T				Name					
245 HARBOR DRIVE KEY BISCAYNE, FL 33149				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.									
Alex T Z-Kharia HN 11/20/0/									
SIGNATURE Signature, typed or printed name, of registered agent and title 7 applicable. Signature sequired when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							F.S., the otice.		
10,	OFFICERS AND DIRE		11.		ADDITIONS	CHANGES TO OFFICERS AND			
TITLE PD Delete Delete DAME ZAKHARIA, ALEX T			TITL NAM		c	mmmooooe	Change	Addition	
STREET ADDRESS 245 HARBOR DR. CITY-ST-ZIP KEY BISCAYNE, FL 33149				EET ADORESS (-ST-ZIP	127	:00082286 05/060102300	5 **15	0.00	
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			NAM STR	re Fet address				ļ	
				/-ST-ZIP					
TITLE SD Delete THE				I .			Change	Addition	
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STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		EU		Y-S1-ZIP		A Florida Phates - 15 mg	A28. A80. A A40. A 7		
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: 129/06									
SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									