


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
 05 NOV -7 PM 3:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1/2

DOCUMENT # P0000084431			
1. Entity Name WTS AND EDIS HEALTH CARE ASSOCIATES INC			
Principal Place of Business 728 GROVE PLACE TOWN OF ORCHID VERO BEACH, FL 32963		Mailing Address 728 GROVE PLACE TOWN OF ORCHID VERO BEACH, FL 32963	
2. Principal Place of Business		3. Mailing Address <i>Sequit + Associates</i> #10 Cattermilk Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Ste 305</i>	
City & State		City & State <i>Great Neck, NY</i>	
Zip	Country	Zip	Country
		<i>11021--</i>	
10182005		REIN-P	CR2E098 (6/04)
4. FEI Number 65-1047894		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEED, WILLIAM T MD 728 GROVE PLACE TOWN OF ORCHID VERO BEACH, FL 32963		Name 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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00		After January 1, 2006, Fee will be \$900.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEED, WILLIAM T	NAME	200061221032
STREET ADDRESS	728 GROVE PLACE	STREET ADDRESS	11/07/05--01065--024 **150.00
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ELIZABETH D	NAME	
STREET ADDRESS	728 GROVE PLACE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: <i>W. Seed</i>		Date: <i>11/4/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>772-388-0290</i>	

Bonnie J. Kansler
Certified Public Accountant
24 Woodlee Road
Cold Spring Harbor, NY 11724
516-466-3297

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October 25, 2005

Florida Dept of State
Secretary of State
Glenda E. Hood
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Re: Wts and Edis Health Care Associates, Inc.
ID# 65-1047894

Gentlemen:

Enclosed please find my client's Profit Corporation Reinstatement and a check for \$150.


My client, above, just sent me the postcard which said they ~~would~~^{were} be dissolved for nonpayment of corporate fee. Unfortunately, they never received the original notice or forms and we have just now received this notice.

I went online as instructed to fill out the reinstatement form and see that there is a \$600 penalty for late filing.

That is so punishing and unfair as there was certainly no intent on our part to ignore this filing. We simply never received the form.

Please show some mercy here and accept our \$150. as payment for the certificate.
Thank you for your consideration in this matter.

Thank you,


Bonnie J. Kansler
Certified Public Accountant