

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P00000091631**

1. Entity Name  
**NEOLINK PHYSICIANS, P.A.**



FILED

04 NOV 19 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955**

Mailing Address  
**1425 VICTORIA BOULEVARD  
ROCKLEDGE, FL 32955**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 561118**  
Suite, Apt. #, etc.

City & State  
**Rockledge, FL**

Zip  
**32956-1118**

Country  
**USA**



11012004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent  
**DIAZ, JAVIER M.D.  
1425 VICTORIA BOULEVARD  
ROCKLEDGE, FL 32955  
32956-1118**

4. FEI Number  
**59-3676992**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Ronald A. Dubois, CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**351 Brookcrest Circle**  
City **Rockledge** FL Zip Code **32955**

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: *Ronald A. Dubois, CPA* DATE: 11-5-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$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	D DIAZ, JAVIER M.D. 1425 VICTORIA BOULEVARD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Pres, Treas P.O. Box 561118 Rockledge, FL 32956-1118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OJEDA, FRANCISCO J 1474 WELLINGTON CIRCLE ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042904474 11/19/04--01054--009 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* DATE: 11-5-04 (321) 632-0769

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR