2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000097131

Entity Name: ANTHONY SAKER, M.D., P.A.

FILED Oct 06, 2005 Secretary of State

Current Pi	rincipal Place	e of Business:	New Principal Place of Business:		
SUITE 420	IILITARY TRA EACH, FL 33				
Current Mailing Address:			New Mailing Address:		
SUITE 420	IILITARY TRA EACH, FL 33				
FEI Number:	65-1046900	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
941 FOUR	ATE CREATIC TH STREET ; ACH, FL 3313				
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: CORPO	RATE CREATIONS NETWOR	K INC		
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (SAKER, ANTH 16244 S MILIT DELRAY BEAC	ARY TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ANTHONY SAKER, MD P 10/06/2005