



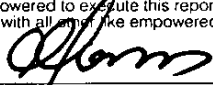
2007 FOR PROFIT CORPORATION REINSTATEMENT

Pg 1 of 2

FILED

2007 DEC -2 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | | |
|--|---|---|---|---|---|--|
| DOCUMENT # P01000019670 1. Entity Name CHRISTOPHER S. YUVIENCO, M.D., P.A. | | | |  | | |
| Principal Place of Business 2018 DELPRADO BLVD CAPE CORAL, FL 33990 | | | Mailing Address 2018 DELPRADO BLVD CAPE CORAL, FL 33990 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | |
|  REINSTATEMENT 11052007 REINSTATEMENT 098 (1/07) 07 | | | | | | |
| 4. FEI Number 65-1076900 | | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent YUVIENCO, CHRISTOPHER S 2018 DEL PRADO BLVD CAPE CORAL, FL 33990 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YUVIENCO, CHRISTOPHER S M.D. 2018 DEL PRADO BLVD. CAPE CORAL, FL 33990 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600112302106 11/14/07--01052--009 ***150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 powers empowered. | | | | | | |
| SIGNATURE:  | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | |

11/28/7

12/5



11/8/7

Div. of Corp.

Pls. waive my late fees.

I never received any bills
from your office. This is the
first bill I got from you.

Thank you

[Signature]

CHRISTOPHER YUVIENCO MD
2018 Del Prado Blvd
Cape Coral, FL 33904
941-594-0531