

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME YUVIENCO, CHRISTOPHER S M.D.
STREET ADDRESS 2018 DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

600112302106
11/14/07--01052--009 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 807, 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.

11/28/07

SIGNATURE: *Johns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/5/07

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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

clerm ..

CHRISTOPHER YUVIENCO MD
2018 Del Prado Blvd
Cape Coral, FL 33915-0531