


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000028171	
1. Entity Name ANDREW C. LEAVITT, M.D., P.A.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

REINSTATEMENT 04



Principal Place of Business 787 37TH STREET SUITE E-180 VERO BEACH, FL 32960-7318	Mailing Address 787 37TH STREET SUITE E-180 VERO BEACH, FL 32960-7318
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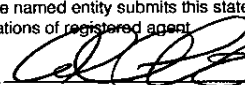
2. Principal Place of Business 920 37th Place Suite, Apt. #, etc. Suite 105 City & State Vero Beach FL Zip 32960 Country USA	3. Mailing Address 920 37th Place Suite, Apt. #, etc. Suite 105 City & State Vero Beach FL Zip 32960 Country USA
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11042004 REIN-P CR2E098 (6/04) MRD

4. FEI Number 65-1087028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEAVITT, ANDREW C 1 CACHE CAY DR VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  Andrew C. Leavitt, M.D. 11/4/04

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

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, ANDREW C 1 CACHE CAY DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Andrew C. Leavitt, MD 11/4/04 299-3300 (772)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #