2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P01000048628

Entity Name: ISHWARI PRASAD, M.D., PH.D, P.A.

Current Principal Place of Business:

14447 BRUCE B DOWNS
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14447 BRUCE B DOWNS
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3731170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRASAD, ISHWARI
14447 BRUCE B DOWNS
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ISHWARI PRASAD
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRASAD, ISHWARI
Address: 3000 MEDICAL PARK DR, SUITE 104
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PRASAD, ISHWARI
Address: 14447 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33613

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: ISHWARI PRASAD D 10/05/2005
Electronic Signature of Signing Officer or Director Date