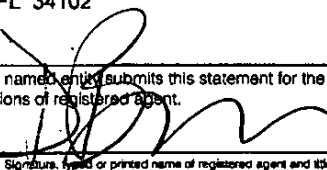
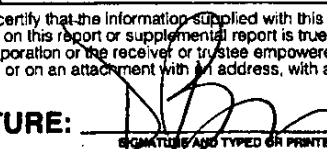


11-14-'05 10:19 FROM-

T-079 P02/03 U-849

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000120987					
1. Entity Name BRZEZINSKI WEIGHT LOSS, P.A.					
Principal Place of Business 848 1ST AVENUE NORTH SUITE 300 NAPLES, FL 34102			Mailing Address 848 1ST AVENUE NORTH SUITE 300 NAPLES, FL 34102		
2. Principal Place of Business 311 9th St. N			3. Mailing Address 311 9th St. N.		
Suite, Apt. #, etc. Ste 310			Suite, Apt. #, etc. Ste 310		
City & State Naples FL			City & State Naples FL		
Zip 34102	Country USA	Zip 34102	Country USA	4. FEI Number 30-0014975	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRZEZINSKI, DIANE D.O. 311 9TH ST. N. SUITE 310 NAPLES, FL 34102				7. Name and Address of New Registered Agent	
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.				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
SIGNATURE: 				DATE: 11/14/05	
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BRZEZINSKI, DIANE D.O.			☐ Change ☐ Addition	
STREET ADDRESS 848 1ST AVENUE NORTH SUITE 300				600061551256	
CITY-ST-ZIP NAPLES, FL 34102				11/18/05--01050--011 **150.00	
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
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CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐ Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 				DATE: 11/14/05 23926019990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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FILED

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05 NOV 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts

NOV 21 2005

REINSTATEMENT



11142005

REIN-P

CR2E066 (6/04)

4. FEI Number

30-0014975

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRZEZINSKI, DIANE D.O.

311 9TH ST. N.

SUITE 310

NAPLES, FL 34102

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 \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

☐ Delete

NAME

BRZEZINSKI, DIANE D.O.

STREET ADDRESS

848 1ST AVENUE NORTH SUITE 300

CITY-ST-ZIP

NAPLES, FL 34102

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

600061551256

11/18/05--01050--011 **150.00

TITLE

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STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #