

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000039373

FILED
Mar 01, 2006
Secretary of State

Entity Name: WESTON MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

2625 EXECUTIVE PARK DRIVE
SUITE 3B
WESTON, FL 33331

New Principal Place of Business:

2800 GLADES CIRCLE
SUITE 155
WESTON, FL 33327

Current Mailing Address:

2625 EXECUTIVE PARK DRIVE
SUITE 3B
WESTON, FL 33331

New Mailing Address:

PO BOX 266654
WESTON, FL 33326

FEI Number: 02-0579942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOLDAN, MICHAEL
2625 EXECUTIVE PARK DRIVE
3B
WESTON, FL 33331 US

Name and Address of New Registered Agent:

ZOLDAN, MICHAEL
2800 GLADES CIRCLE
SUITE 155
WESTON, FL 33327 US

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: MICHAEL ZOLDAN

03/01/2006

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: P () Delete
Name: ZOLDAN, MICHAEL
Address: 2625 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

Title: V () Delete
Name: LANDON, ISMAEL
Address: 2625 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZOLDAN, MICHAEL
Address: 2800 GLADES CIRCLE #155
City-St-Zip: WESTON, FL 33327

Title: V (X) Change () Addition
Name: LANDON, ISMAEL
Address: 2800 GLADES CIRCLE #155
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL ZOLDAN

P

03/01/2006

Electronic Signature of Signing Officer or Director

Date