

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000039373

Entity Name: WESTON MEDICAL ASSOCIATES, INC.

FILED
Oct 24, 2007
Secretary of State

Current Principal Place of Business:

6738 W SUNRISE BLVD
SUITE 106
PLANTATION, FL 33313

New Principal Place of Business:

2800 GLADES CIRCLE
SUITE 155
WESTON, FL 33327

Current Mailing Address:

PO BOX 266654
WESTON, FL 33326

New Mailing Address:

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
6738 S SUNRISE BLVD
SUITE 106
PLANTATION, FL 33313 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

10/24/2007

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: 6738 W. SUNRISE BLVD STE 106
City-St-Zip: PLANTATION, FL 33313

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

10/24/2007

Electronic Signature of Signing Officer or Director

Date