

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 19, 2004  
Secretary of State**

DOCUMENT# P02000092706

Entity Name: ISIDOROS J. MORAITIS M.D. P.A.

**Current Principal Place of Business:**

3890 TAMPA ROAD  
#406  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3890 TAMPA ROAD  
#406  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 03-0485337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVALLETTE, FRAN  
820 GROVESMERE LOOP  
OCOEEWATER, FL 34761      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: \_\_\_\_\_

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:            C            ( ) Delete  
Name:           MORAITIS, ISIDOROS J MD  
Address:        2962 SWEET GUM WAY  
City-St-Zip:    CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            S            (X) Change ( ) Addition  
Name:           MORAITIS, ISIDOROS J MD  
Address:        2962 SWEET GUM WAY  
City-St-Zip:    CLEARWATER, FL 33761

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: ISIDOROS J. MORAITIS

OWNE

10/19/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date