

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name JOHN OLINDE, M.D., P.A.	800024888828 11/20/03--01060--008 **150.00
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2091 SIROCO LANE Suite, Apt. #, etc.	3. Mailing Address 2091 SIROCO LANE Suite, Apt. #, etc.
City & State MELBOURNE, FL Zip 32934 Country USA	City & State MELBOURNE, FL Zip 32934 Country USA

REINSTATEMENT

DO NOT WRITE  
IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name JOHN OLINDE, M.D., P.A.		
Street Address (P.O. Box Number is Not Acceptable) 2091 SIROCO LANE		
City MELBOURNE	FL	Zip Code 32934

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/V/P/S/T JOHN OLINDE 2091 SIROCO LAND MELBOURNE, FL 32934
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*John G. Olinde, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03 (321) 751-1866

Daytime Phone #

John Olinde, M.D., P.A.  
2091 Siroco Lane  
Melbourne, FL 32934  
(321) 729-4340

November 10, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314-6327

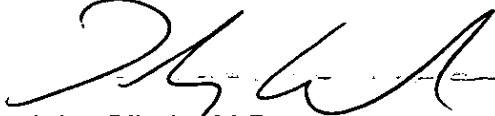
To Whom It May Concern:

During a recent conversation with my Accountant, I was advised that I should have been filing and paying a Uniform Business Report each every year since my date of incorporation in 2002.

To date I have never received a Uniform Business Report for John Olinde, M.D., P.A. Please find enclosed my check in the amount of \$150.00 and a current Uniform Business Report. This should bring my account current. If there are any additional forms to be completed, please mail them to the address noted above.

Thank you for your assistance in the matter.

Sincerely,



John Olinde, M.D.

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Enclosures