

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000034250

Entity Name: DR. WALIF AJI, M.D., P.A.

FILED
Sep 26, 2005
Secretary of State

Current Principal Place of Business:

1150 NORTH 35TH AVENUE
SUITE 220
HOLLYWOOD, FL 33021

Current Mailing Address:

1150 NORTH 35TH AVENUE
SUITE 220
HOLLYWOOD, FL 33021

New Principal Place of Business:

4000 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021

New Mailing Address:

4000 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021

FEI Number: 30-0161678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

AJI, WALIF
4000 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021 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: WALIF AJI

09/26/2005

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: PSTD () Delete
Name: AJI, WALIF
Address: 1150 NORTH 35TH AVENUE, SUITE 220
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: AJI, WALIF
Address: 4000 SHERIDAN STREET STE A
City-St-Zip: HOLLYWOOD, FL 33021

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: WALIF AJI MD

PRES

09/26/2005

Electronic Signature of Signing Officer or Director

Date