

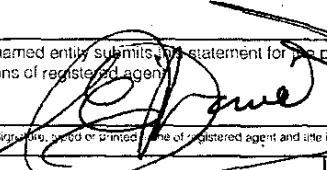
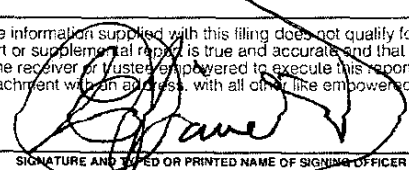
2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 25 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000056175					
1. Entity Name EDGAR IBANEZ, M.D., P.A.					
Principal Place of Business 2609 WOOLBRIGHT ROAD, #4C BOYNTON BEACH, FL 33436			Mailing Address 2609 WOOLBRIGHT ROAD, #4C BOYNTON BEACH, FL 33436		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
10212004			REIN-P		CR2E098 (6/04)
4. FEI Number 59-2042521				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACAULAY, ROBERT B ESQ. ONE SOUTHEAST THIRD AVENUE, SUITE 2200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 			Edgar IBANEZ (NOTE: Registered Agent signature required when reinstating) DATE 10/22/04		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBANEZ, EDGAR M.D. 2609 WOOLBRIGHT ROAD, #4C BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/25/04--01060--010	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Edgar IBANEZ 10/22/04		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		