

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000069307 1. Entity Name PHYSICIANS ACCESS GROUP, INC.						<div style="transform: rotate(-15deg);"> FILED 05 DEC 12 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 6630 BISCAYNE BLVD MIAMI, FL 33138				Mailing Address 6630 BISCAYNE BLVD MIAMI, FL 33138			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
12022005 REIN-P CR2E098 (6/04)				4. FEI Number 20-0060585		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent IKPE, NSIDIBE DR. 6630 BISCAYNE BLVD MIAMI, FL 33138				7. Name and Address of New Registered Agent Name: IKPE HELEN Street Address (P.O. Box Number is Not Acceptable) 6630 BISCAYNE BLVD. City: MIAMI FL Zip Code: 33168			
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: <u><i>Helen Ikpe</i></u> HELEN IKPE DATE: 12/7/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	P IKPE, NSIDIBE DR. <input checked="" type="checkbox"/> Delete 6630 BISCAYNE BLVD MIAMI, FL 33138			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 05 J. ROBSON DEC 13 2005		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOISE, RUDOLPH DR. <input type="checkbox"/> Delete 671 NW 119 ST N MIAMI, FL 33168			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IKPE, HELEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6630 BISCAYNE BLVD. MIAMI, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Helen Ikpe</i></u> HELEN IKPE DATE: 12/7/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							