

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000007205

1. Entity Name
GULFSTREAM MEDICAL ARTS, INC.



FILED

2007 DEC 17 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1608 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

Mailing Address
1750 N.E. 191ST STREET
APT.# 417
NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business - No P.O. Box #

1115-45 St, Suite 2

Suite, Apt. #, etc.

3. Mailing Address

1491 N.E.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Miami Gardens

Zip

33407

Country

PA/B.

Zip

33179

Country

PA/B.

11262007

REIN-P

CR2E098 (1/07)

4. FEI Number
20-0595984

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLEG. VINITSKY
1688 WEST AVE.
SUITE 504
MIAMI BEACH, FL 33139

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After January 1, 2008, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OLEG. VINITSKY
1750 N. E. 191ST STREET #417
NORTH MIAMI BEACH, FL 33179

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400112687254
11/29/07--01013--025 **150.00

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature] Oleg Vinitzky 12/06/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #