


PAveloz

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000092206			
1. Entity Name FELIX ANDARSIO, D.O., P.A.			
Principal Place of Business 10111 FOREST HILL BLVD SUITE # 231 WELLINGTON, FL 33414 US		Mailing Address 1394 BEACON CIRCLE WELLINGTON, FL 33414 US	
2. Principal Place of Business 10111 Forest Hill Blvd Suite, Apt. #, etc. # 261		3. Mailing Address Suite, Apt. #, etc.	
City & State Wellington, FL		City & State	
Zip 33414	Country Palau Beach	Zip	Country
6. Name and Address of Current Registered Agent ANDARSIO, FELIX JR. 1394 BEACON CIRCLE WELLINGTON, FL 33414		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: <i>Felix Andarsio Jr</i> DATE: 1/10/06 <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 \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDARSIO, FELIX JR. 1394 BEACON CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 80006910108 02/02/06-01012-002 **300.00
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 500065286375 02/06/06-01057-002 **300.00
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 B1/19/04 REINSTATEMENT 05-04
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 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: <i>Felix Andarsio Jr</i> DATE: 1/10/06 (561) 784-1099 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>			

FILED
06 JAN 17 PM 12:46



01102008 REIN-P CR2E098 (11/05)

4. FEI Number 20-1306647 Applied For Not Applicable

5. Certificates of Status Desired \$8.75 Additional Fee Required

FL Zip Code

1/10/06

80006910108
02/02/06-01012-002 **300.00

500065286375
02/06/06-01057-002 **300.00

B1/19/04

REINSTATEMENT 05-04

(561) 784-1099

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Felix Andarsio, D.O., F.A.C.O.G.
Obstetrics & Gynecology
Fellow American College of OB/GYN – Board Certified

10111 Forest Hill Blvd, Suite # 261
Wellington, Florida 33414
PH: (561) 784-1099
FAX: (561) 784-1081

January 10th, 2006

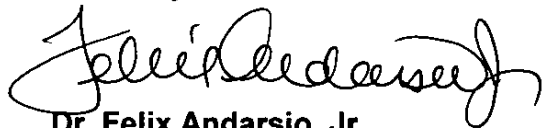
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P04000092206

To whom it may concern:

I have realized that my corporation appears as inactive as of 09/15/05. My principal place of business has moved to a different suite however my mailing address has not changed. I never received any information to renew my corporation and since this is my first year of owning a corporation, I did not know I had to renew each year or the actual time of renewal. Please waive any late fees incurred. I spoke to your office who recommended for me to send a check in the amount of \$300.00. I have enclosed check # 1195 in the amount of \$300.00. Please allow this courtesy for this time since now I will be expecting a renewal form by the end of this year. Thank you for your attention to this matter.

Sincerely,



Dr. Felix Andarsio, Jr.