2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED DOCUMENT # P04000109057 1. Entity Name JOSHUA M RYCUS, D.O. INC. 2007 MAR 12 PM 3: 34 Principal Place of Business Mailing Address SECRETARY OF STATE 8190 ROYAL PALM BLVD 102 8190 ROYAL PALM BLVD 102 TALLAHASSEE, FLORIDA CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 02082007 CR2E098 (1/07) REIN-P Applied For 4. FEI Number 68-0586379 Not Applicable \$8.75 Additional Certificate of Status Desired Name and Address of New Registered Agent RYCUS, JOSHUA M Stree 8190 ROYAL PALM BLVD 102 CORAL SPRINGS, FL 33065 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered age I am familia the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete TITLE TITLE RYCUS, JOSHUA M NAME NAME STREET ADDRESS 8190 ROYAL PALM BLVD 102 STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 800095165868 03/28/07--01038--011 **300.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, withyall other like empowered. SIGNATURE: