

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC -4 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000151773 1. Entity Name PEDIATRIC ASSOCIATES OF SUNRISE, INC.					
Principal Place of Business 6765 SUNSET STRIP SUITE 6 & 7 SUNRISE, FL 33313			Mailing Address 6765 SUNSET STRIP SUITE 6 & 7 SUNRISE, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2506 ABQA VISTA BLVD Suite, Apt. #, etc.			
City & State Zip		City & State FT. LAUDERDALE, FL Zip 33301		Country USA	
4. FEI Number 20-1905799				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 THOMPSON, RUBEN T 166 NE 96TH STREET MIAMI SHORES, FL 33138			7. Name and Address of New Registered Agent Name KAM HABIBI Street Address (P.O. Box Number is Not Acceptable) 2506 ABQA VISTA BLVD City FOKT LAUDERDALE FL Zip Code 33301		
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>Kam Habibi</i></u> 10-4-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HABIBI, KAM 6765 SUNSET STRIP, SUITE 6 & 7 SUNRISE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080579735 10/06/06--01050--004 **150.00	<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	500080579735 12/04/06--01063--015 **758.75	<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
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 life empowered.					
SIGNATURE: <u><i>Kam Habibi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-4-06 954-658-8039 <small>Date Daytime Phone #</small>		

12/16 CW