

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000047141 1. Entity Name IGOR MELNYCHUK MD PA	
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Principal Place of Business 259 RENDEZVOUS LANE PONTE VEDRA BEACH, FL 32082 US	Mailing Address 259 RENDEZVOUS LANE PONTE VEDRA BEACH, FL 32082 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State City & State
Zip Country	Zip Country	4. FEI Number 20-2586128

FILED
 09 MAY 15 PM 4: 19
 SECRETARY OF STATE
 600155990576
 05/15/09--01003--018 **300.00

REINSTATEMENT
 05122009 REIN-P CB2E098 (1/07) 08-09

6. Name and Address of Current Registered Agent MELNYCHUK, IGOR 259 RENDEZVOUS LANE PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Igor Melnychuk, IGOR MELNYCHUK* DATE: 5/12/09

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	PSTD MELNYCHUK, IGOR 259 RENDEZVOUS LANE PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600155990576 05/15/09--01003--018 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: *Igor Melnychuk, IGOR MELNYCHUK* DATE: 5/12/09 DAYTIME PHONE: 904-735-7107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #