


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000047141		
1. Entity Name IGOR MELNYCHUK MD PA		

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  MELNYCHUK, IGOR 259 RENDEZVOUS LANE PONTE VEDRA BEACH, FL 32082	
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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

4. FEI Number 20-2586128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: <u>Igor Melnychuk, IGOR MELNYCHUK</u> DATE: <u>5/12/09</u> <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 \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600155990576 05/15/09--01003--018 **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
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
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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: <u>Igor Melnychuk, IGOR MELNYCHUK</u> DATE: <u>5/12/09</u> DAYTIME PHONE: <u>904-735-7107</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	