

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000035138

FILED  
Oct 10, 2005  
Secretary of State

Entity Name: TOTAL PEDIATRIC CARE, P.A.

## Current Principal Place of Business:

100 E COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 39865  
FT. LAUDERDALE, FL 33339 US

## New Mailing Address:

FEI Number: 65-0411962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERMAN, BRUCE  
1401 E BROWARD BLVD  
SUITE 206  
FT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

SIDDIQI, USMAN M  
100 EAST COMMERCIAL BLVD  
FT LAUDERDALE, FL 33334 US

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.

SIGNATURE: USMAN M SIDDIQI M.D

10/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIDDIQI, USMANN M  
Address: 100 E. COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SIDDIQI, USMAN M  
Address: 100 E. COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: USMAN M SIDDIQI M.D

D

10/10/2005

Electronic Signature of Signing Officer or Director

Date