FROM : FAX NO. : Jul. 10 2009 04:05AM P2

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 JUL 16 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030437

1. Entity Name
RAZA ALI, M.D., P.A.

Principal Place of Business	Mailing Address
5308 S. JOHN YOUNG PKWY STE #200 ORLANDO, FL 32839 US	~~5149 S JOHN YOUNG PKWY~~ ~~ORLANDO, FL 32839~~ US 5308 St. John Young Pkwy. Ste. 200 Orlando, Fl 32839

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		5308 S JOHN YOUNG PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		200	
City & State		City & State	
		ORLANDO, FL	
Zip	Country	Zip	Country
		32839	ORANGE USA

07102009 REIN-P CR2E098 (1/09) 08-09

4. FEI Number: 59-3239928 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALI, RAZA MD 5308 S. JOHN YOUNG PKWY STE 200 ORLANDO, FL 32839	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 [signature] 7-13-09
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	D ALI, RAZA M 406 IRIS ST CELEBRATION, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400158594794 07/16/09--01045--005 **308.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Raza Ali 7/13/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #