

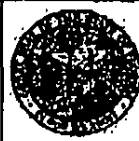
FROM :

FAX NO. :

Jul. 10 2009 04:05AM P2

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000030437

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

FILED

09 JUL 16 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
5308 S. JOHN YOUNG PKWY STE #200
ORLANDO, FL 32839 USMailing Address
5149 S JOHN YOUNG PKWY
ORLANDO, FL 32839 US5308 S. 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

4. FEI Number

58-3239928

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-09

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	ALI, RAZA M	406 IRIS ST	CELEBRATION, FL 34747	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	400158594794				
	07/16/09--01045--005				
	**308.75				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

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 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/09