2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P9400063300 1. Entity Name					126 AM	9:18		
CARLOS A. UNZUETA, M.D., P.A.					160	STATE,		
Drivering Stage	of Business	Anilina Address	000 WE	SEC	ENSEE F	LORIDA		
•		Mailing Address TALL 1204 CARLTON AVE.		14/77	GEOMETRICA DE	es also to also to	BL=DIFF	•
		LAKE WALES, FL 33853			***************************************	STATER		S Y
2. Principal Place of Business 3.		Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		nd o	10202004	REIN-P	CR2E098 (6/04	
City & State		City & State			4. FEI Numbe 59-3268			Applied For Not Applicable
Zip	Country	Zip	Country		_5Certificate	of.Status Desired	\$8.75 A	
	6. Name and Address of Current Reg				7. Name and Address of New Registered Agent			
UNZUETA	, CARLOS A		Name					
1204 CARL	TON AVE. ES, FL 33853	Street Address		dress (f	(P.O. Box Number is Not Acceptable)			
n '		City					FL: Zip Ci	ode .
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								
Ognature, types of printed name or registered agent at the mon approache. (Not 1:: negistered Agent signature required writer reinstrating)								
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00						In accordance wit corporation did no		
10.	OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/	CHANGES:TO OFFIC	ERS AND DIRECTO	ORS IN 11
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NAME STREET ADDRESS	UNZUETA, CARLOS A 1204 CARLTON AVE.		NAME STREET ADDRESS					
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 Date Dayline Phone #								