

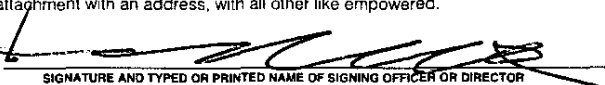


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000063300 1. Entity Name CARLOS A. UNZUETA, M.D., P.A.						10/26 AM 9:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1204 CARLTON AVE. LAKE WALES, FL 33853			Mailing Address 1204 CARLTON AVE. LAKE WALES, FL 33853			REINSTATEMENT <i>oy</i>	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				10202004 REIN-P CR2E098 (6/04)	
City & State		City & State				4. FEI Number 59-3268130	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNZUETA, CARLOS A 1204 CARLTON AVE. LAKE WALES, FL 33853				Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				Applied For <input type="checkbox"/> Not Applicable			
SIGNATURE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	D <input type="checkbox"/> Delete	UNZUETA, CARLOS A		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1204 CARLTON AVE.		NAME	STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS	LAKE WALES, FL 33853		STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP	
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.				400042181174 10/26/04--01013--015--150:00			
SIGNATURE: 				110-21-04 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			