

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rei

FILED

05 SEP 19 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06012005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3315347 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLA, RICHARD M
3231 MCMULLEN BOOTH RD
SUITE 101
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name RICHARD SOLA MD
Street Address (P.O. Box Number is Not Acceptable) 1840 MERSE DR
SUITE 202
City SAFETY HARBOR FL Zip Code 34695

8. The above named entity admits 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

(NOTE: Registered Agent signature required when reinstating)

8/11/05
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	SOLA, RICHARD MD	
STREET ADDRESS	3020 TURTLE BROOKE	
CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLA, RICHARD MD	
STREET ADDRESS	4896 SILVERTHORN CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100059750231	
CITY-ST-ZIP	09/19/05--01061--003 **900.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05
Date

Daytime Phone #