

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM

FILED


06 FEB 15 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/21/06--01010--010 **450.00

REINSTATEMENT 04-06

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96 0000 52 458</u>			
1. Corporation Name <u>Eugenio Rodriguez, MD., P.A.</u>			
2. Principal Office Address <u>5555 Ocean Drive</u>		3. Mailing Office Address <u>5555 Ocean Drive</u>	
Suite, Apt. #, etc. <u>50</u>		Suite, Apt. #, etc. <u>50</u>	
City & State <u>Ft. Lauderdale, F.</u>		City & State <u>Fort Lauderdale</u>	
Zip <u>33308</u>	Country <u>USA.</u>	Zip <u>33308</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>06/19/1996</u>	
5. FEI Number <u>650734635</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Fishman, Lewis W.</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>9130 Dadeland Blvd</u>		
Suite, Apt. #, Etc. <u>suite 1121</u>		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33156</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 2/13/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PYST	RODRIGUEZ, Eugenio	6190 NW 23 ST	Boca Raton, Fl 33434

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 2/3/06 Daytime Phone # 561-703-2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-06

To Whom May Concern:

This note is to request
to waive the \$600 reinstatement fee.

Since I do not received the annual
report notice in 2004.

Thank you for your attention

Yours Sincerely
no.