


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000063199		
1. Entity Name DAVID L. GALBUT, M.D. & ASSOCIATES, P.A.		

FILED
07 DEC 24 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6250 SUNSET DRIVE, STE. 202 MIAMI, FL 33131 US	Mailing Address 6250 SUNSET DRIVE, STE. 202 MIAMI, FL 33131 US
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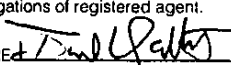
2. Principal Place of Business - No P.O. Box # 6200 SUNSET DRIVE Suite, Apt. #, etc. #604 City & State MIAMI, FL Zip 33143-4808	3. Mailing Address 6200 SUNSET DRIVE Suite, Apt. #, etc. #604 City & State MIAMI, FL Zip 33143-4808
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12182007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent GITA GALBUT 6250 SUNSET DRIVE, STE. 202 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number
65-0768902
Applied For
Not Applicable

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

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:  **DAVID L. GALBUT M.D. Director** DATE: **12/20/07**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBUT, DAVID L M.D. 6250 SUNSET DRIVE, STE. 202 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBUT, DAVID L, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6200 SUNSET DRIVE, STE 604 MIAMI, FL-33143-4808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALBUT, GITA 6250 SUNSET DRIVE, STE. 202 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALBUT, GITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6200 SUNSET DRIVE, STE 604 MIAMI, FL-33143-4808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RLH 12-07 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **DAVID L. GALBUT M.D.** DATE: **12/20/07** DAYTIME PHONE: **786-268-8289**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR