

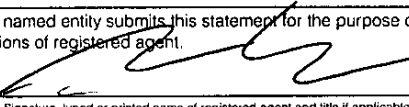
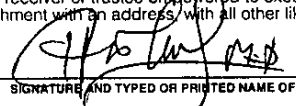


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000013627					
1. Entity Name AMIT I. SHAH, M.D., P.A.					
Principal Place of Business 6801 U.S. 27 NORTH STE. A-2 SEBRING, FL 33870			Mailing Address 6801 U.S. 27 NORTH STE. A-2 SEBRING, FL 33870		
2. Principal Place of Business 4420 Sun n Lake Blvd.		3. Mailing Address 4420 Sun 'n Lake Blvd.		<div style="font-size: 2em; transform: rotate(-10deg); opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; transform: rotate(-10deg); opacity: 0.5;">05 OCT -3 AM 9:40</div> <div style="font-size: 0.8em; transform: rotate(-10deg); opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring, FL		City & State Sebring, FL			
Zip 33872 Country		Zip 33872 Country			
4. FEI Number 65-0826332				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M 2240 BELLEAIR ROAD STE. 160 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name Scott R. LeConey Street Address (P.O. Box Number is Not Acceptable) 425 S. Commerce Avenue City Sebring FL Zip Code 33870		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Scott R. LeConey, Reg. Agent </div> <div style="width: 20%; text-align: right;"> 9-30-05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME SHAH, AMIT I STREET ADDRESS 6801 U.S 27 NORTH STE. A-2 CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE D, P NAME Shah, Amit I. STREET ADDRESS 4420 Sun n Lake Blvd. CITY-ST-ZIP Sebring, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE ST NAME Shah, Parul STREET ADDRESS 4420 Sun 'n Lake Blvd. CITY-ST-ZIP Sebring, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 900060185779 CITY-ST-ZIP 10/03/05--01057--001 **150.00	<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	
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	<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 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: 			Director		9-30-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		863-385-1244 <small>Daytime Phone #</small>