

# 2008 FOR PROFIT CORPORATION REINSTATEMENT


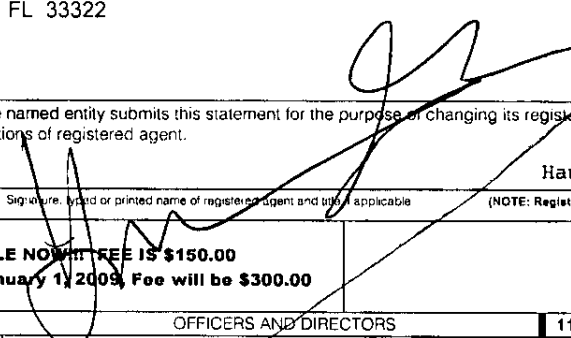
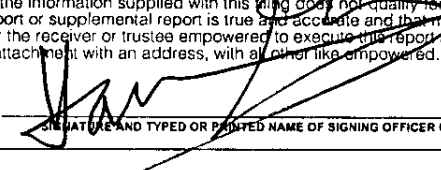
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2008 NOV 21 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11052008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P98000073969</b>					
1. Entity Name HAMID NAWAZ MD, P.A.					
Principal Place of Business 2500 N. UNIVERSITY DR., #3 SUNRISE, FL 33322			Mailing Address 2500 N. UNIVERSITY DR., #3 SUNRISE, FL 33322		
2. Principal Place of Business - No P.O. Box # 4877 Hibbs Grove Terrace Suite, Apt. #, etc.			3. Mailing Address 1455 N. Baldwin Ave. Suite, Apt. #, etc.		
City & State Cooper City, FL		City & State Marion, IN		4. FEI Number 65-0858887	
Zip 33330		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NAWAZ, HAMID 2500 N. UNIVERSITY DR., #3 SUNRISE, FL 33322			7. Name and Address of New Registered Agent Name Nawaz, Hamid Street Address (P.O. Box Number is Not Acceptable) 4877 Hibbs Grove Terrace City Cooper City FL Zip Code 33330		
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:  Hamid Nawaz Director (NOTE: Registered Agent signature required when reinstating) DATE 11/15/08					
FILE NOW! FEE IS \$150.00 After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	D NAWAZ, HAMID 4377 HIBBS GROVE TERRACE COOPER CITY, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4877 Hibbs Grove Terrace	<input checked="" 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	100138166801 11/21/08--01023--002 **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
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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: 			Hamid Nawaz Director 11/15/08 854-529-7465		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

REINSTATEMENT  
2008