

# 2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED

07 JAN 16 AM 8:52

CLERK OF STATE  
TALLAHASSEE, FLORIDA



01/25/07 REINSTATEMENT 06-07

<b>DOCUMENT # P99000018566</b>					
1. Entity Name ALL AMERICAN INTERNIST PA					
Principal Place of Business 1010 E DRUID CLEARWATER, FL 33756			Mailing Address 1010 E DRUID CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  DESAI, SUKETU 1010 E DRUID RD CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>X Suketu K Desai</i> 1/11/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$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 DESAI, SUKETU MD 7593 ARALIA WAY LARGO, FL 33777		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.				100086174731 01/25/07--01008--018 **300.00	
SIGNATURE: <i>X Suketu K - Desai</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1/11/07 (813) 931-2258 Date Daytime Phone #	