

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000019127

FILED
Oct 08, 2007
Secretary of State

Entity Name: ROBERT A. ZOLTEN, M.D., P.A.

Current Principal Place of Business:

139 NE 15 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

139 NE 15 STREET
HOMESTEAD, FL 33030

New Mailing Address:

16 CALOOSA ROAD
KEY LARGO, FL 33037

FEI Number: 65-0899011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOLTEN, ROBERT
139 NE 15 STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

ZOLTEN, ROBERT
16 CALOOSA ROAD
KEY LARGO, FL 33037 US

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.

SIGNATURE: ROBERT A ZOLTEN

10/08/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: ZOLTEN, ROBERT A M.D.
Address: 121 NE 15 STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ZOLTEN, ROBERT A M.D.
Address: 16 CALOOSA ROAD
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A ZOLTEN

DR

10/08/2007

Electronic Signature of Signing Officer or Director

Date