2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# P99000033282

Entity Name: HOLLY NADJI, D.M.D., P.A.

Current Principal Place of Business:

83 ALAFAYA WOODS BLVD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

83 ALAFAYA WOODS BLVD.
OVIEDO, FL 32765

New Mailing Address:

5537 LIGUSTRUM LOOP
OVIEDO, FL 32765

FEI Number: 59-3586135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NADJI, HOLLY D.M.D.
5537 LIGUSTRUM LOOP
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

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: PD ( ) Delete
Name: NADJI, HOLLY D.M.D.
Address: 5537 LIGISTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: NADJI, HOLLY D.M.D.
Address: 5537 LIGISTRUM LOOP
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOLLY NADJI DR. 10/25/2004

Electronic Signature of Signing Officer or Director Date