

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000041056

1. Entity Name
WILJON W. BELTRE, M.D., P.A.



FILED

04 DEC -2 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
685 PALM SPRINGS DRIVE
SUITE 1E
ALTAMONTE SPRINGS, FL 32701

Mailing Address
685 PALM SPRINGS DRIVE
SUITE 1E
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business
685 Palm Springs

3. Mailing Address
685 Palm Springs Drive

Suite, Apt. #, etc.
1E

Suite, Apt. #, etc.
ste 1E

11022004 REIN-P CR2E098 (6/04)

City & State
altamonte spring #1E altamonte spring FL

City & State
altamonte spring FL

Zip
32701

Country
Samuel

Zip
32701

Country
Samuel

4. FEI Number
59-3574176

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BELTRE, WILSTON W MD
685 PALM SPEIS DRIVE #2
ALTAMONTE SPRINGS, FL 32701

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 **Wilton W. Beltre** DATE **11-28-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BELTRE, WILJON WMD 685 PALM SPRINGS DRIVE 1E ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BELTRE, WILJON 685 PALM SPRINGS DR SUITE 1E ALTAMONTE SPRINGS FL 32701	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043094748 12/01/04--01013--019 **750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: **Wilton W. Beltre** DATE: **11-28-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR