


2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|-----------------------|--|---|--|----------------------------------|--|
| DOCUMENT # S66376 1. Entity Name ANDREW M. NEWMAN, D.V.M., P.A. | | | |  | | 06 OCT 13 11 2:07 SEC. TALLAM | |
| Principal Place of Business 164 NW 118 DR CORAL SPRINGS, FL 33071 US | | | | Mailing Address 164 NW 118 DR CORAL SPRINGS, FL 33071 US | | | |
| 2. Principal Place of Business 2259 S. University Dr Suite, Apt. #, etc. | | | | 3. Mailing Address 2259 S. University Dr Suite, Apt. #, etc. | | | |
| City & State DAVIE FL | | | | City & State DAVIE FL | | | |
| Zip 33324 | | Country USA | | Zip 33324 | | Country USA | |
| 4. FEI Number 65-0272643 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NEWMAN, ANDREW M 164 NW 118 DR CORAL SPRINGS, FL 33071 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | |
| 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 <u><i>Andrew M Newman</i></u> 10/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 | DR. NEWMAN, ANDREW M 164 NW 188 DRIVE CORAL SPRINGS, FL | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR. NEWMAN, Andrew M 164 NW 118 DR CS FL 33071 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | | |
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| 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: <u><i>Andrew M Newman</i></u> | | | | 10/6/06 154 4866606 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | | | |