2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 460170

FILED Nov 18, 2008 Secretary of State

Entity Name: CHILDREN'S EYE CLINIC, GIACOMO S. GUGGINO, M.D., P.A.

New Principal Place of Business: Current Principal Place of Business: 3115 SWANN AVE TAMPA, FL 33609 US **Current Mailing Address: New Mailing Address:** 3115 SWANN AVE TAMPA, FL 33609 US FEI Number: 59-1609407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUGGINO, GIACOMO S. MD. 3115 SWANN AVE. TAMPA, FL 33609 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: DAVID KONTOL Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GUGGINO, GIACOMO S.,, M.D. Name: Name: 3115 SWANN AVE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: DR. Title: **VPSD** (X) Change () Addition () Delete Name: BHASIN, DAWN Name: BHASIN, DAWN 3115 SWANN AVE Address: 3115 SWANN AVE Address: TAMPA, FL TAMPA, FL City-St-Zip: City-St-Zip:

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: GIACOMO S. GUGGINO, M.D. PTD 11/18/2008