2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# 600326

Entity Name: FLAGLER MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

2801 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2801 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-1199726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATTINGER, MARK D. M.D.
2801 N. FLAGLER DR.
WEST PALM BCH, FL 33407 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: MARK D. RATTINGER
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: P ( ) Delete
Name: RATTINGER, MARK D
Address: 2801 N. FLAGER DR.
City-St-Zip: WEST PALM BCH, FL

Title: V ( ) Delete
Name: STEINBERG, ROBERT A.
Address: 2801 N. FLAGLER DR.
City-St-Zip: W PALM BCH, FL

Title: T ( ) Delete
Name: ROTHMAN, DAVID L.
Address: 2801 N FLAGLER DRIVE
City-St-Zip: WEST PALM BCH, FL

Title: D ( ) Delete
Name: FORTIER, DANIEL
Address: 2801 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: MARK, TIMOTHY
Address: 2801 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: GALANTE, MIRTA
Address: 2801 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARK D. RATTINGER, M.D. RA 04/27/2007
Electronic Signature of Signing Officer or Director Date