

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000007470

FILED
Sep 29, 2006
Secretary of State

Entity Name: PHYSICIANS GROUP OF FT. PIERCE, INC.

Current Principal Place of Business:

3451 WEST MIDWAY RD.
FT. PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

3451 WEST MIDWAY RD.
FT. PIERCE, FL 34981

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZFAZ, MARTIN MD
3451 WEST MIDWAY RD.
FT. PIERCE, FL 34981 US

Name and Address of New Registered Agent:

FLORIDA CENTER FOR RECOVERY INC
3451 WEST MIDWAY RD.
FT. PIERCE, FL 34981 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: SHAYE SLAYNE

09/29/2006

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: HAMILTON, JACK
Address: 8303 S INDIAN RIVER DR
City-St-Zip: FT PIERCE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK HAMILTON

P

09/29/2006

Electronic Signature of Signing Officer or Director

Date