

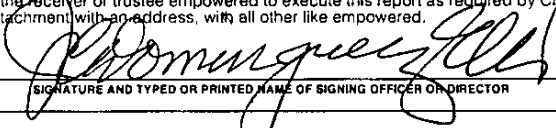


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 287763 1. Entity Name MEDICAL ARTS CENTER INC					
Principal Place of Business C/O JACOB REAL ESTATE SERVICE INC 1200 W PLATT ST STE 204 TAMPA, FL 33606			Mailing Address C/O JACOB REAL ESTATE SERVICE INC PO BOX 14400 TAMPA, FL 33690		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		11022005 REIN-P CR2E098 (6/04)	
4. FEI Number 59-1195678				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 JACOB REAL ESTATE SERVICES, INC. C/O JAMES C. JACOB 1200 WEST PLATT STREET, STE. 204 TAMPA, FL 33606			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 _____ <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, 2006, 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	C DOMINGUEZ, JOSE JR MD <input type="checkbox"/> Delete 6345 MADACA LANE TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061143689 11/03/05--01052--007 *\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLER, MARK DR. <input type="checkbox"/> Delete 3003 DR. MARTIN LUTHER KING BLVD TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAEDICKE, GEORGE MD <input type="checkbox"/> Delete 4600 N HABANA AVENUE #22 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T. Roberts NOV 04 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, JOSE SR MD <input type="checkbox"/> Delete 4600 N HABANA AVE, #20 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVER, LEOPOLDO DR. <input type="checkbox"/> Delete 4600 N. HABANA #29 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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: 			11-205		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
05 NOV -3 PM 3:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA