

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 496795

FILED
Oct 31, 2004
Secretary of State

Entity Name: ARTHUR W. YOUNT, M.D., P.A.

Current Principal Place of Business:

866 LAKESIDE DR.
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

3345 BURNS ROAD
SUITE 302
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

866 LAKESIDE DR.
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

3345 BURNS ROAD
SUITE 302
PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-1662436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNT, ARTHUR W.
866 LAKESIDE DR.
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

YOUNT, ARTHUR W MD;A
3345 BURNS ROAD
SUITE 302
PALM BEACH GARDENS, FL 33410 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: ARTHUR W. YOUNT, M.D., P.A.

10/31/2004

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: PDS () Delete
Name: YOUNT, ARTHUR W.,
Address: 866 LAKESIDE DR.
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ARTHUR W. YOUNT, M.D., P.A.
Address: 3345 BURNS ROAD, SUITE 302
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AARTHUR W. YOUNT, M.D., P.A.

PRES

10/31/2004

Electronic Signature of Signing Officer or Director

Date