

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 14 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 520470

1. Entity Name  
BARBARA L. SCHWARTZ, MD, PA.



Principal Place of Business  
1925 MIZELL AVE STE 306  
WINTER PARK, FL 32792

Mailing Address  
1925 MIZELL AVE STE 306  
WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #

483 N. SEMORAN BLVD

Suite, Apt. #, etc.

STE. 200

City & State

WINTER PARK, FL

Zip  
32792

Country

U.S.A.

3. Mailing Address

483 N. SEMORAN BLVD.

Suite, Apt. #, etc.

STE. 200

City & State

WINTER PARK, FL

Zip  
32792

Country

U.S.A.

10302007 REINSTATEMENT 0000000 (1/07) 07

4. FEI Number  
59-1714710

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

BOURQUE, BARBARA  
1004 BRIELLE AVE  
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name  
A. Anthony Giovamoli, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1565 ORANGE AVENUE

City

WINTER PARK

FL

Zip Code

32789

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: A. Anthony Giovamoli, President

10-30-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BARBARA L	
STREET ADDRESS	1925 MIZELL AVE STE 306	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULDEN, PETER J.	
STREET ADDRESS	1925 MIZEL AVE STE 306	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELLER, B. J.	
STREET ADDRESS	116 E CONCORD ST	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BARBARA L.	
STREET ADDRESS	483 N. SEMORAN BLVD, STE. 200	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Schwartz MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/7

Date: Please #