2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2006
Secretary of State

DOCUMENT# 541971

Entity Name: EDGAR A. BUREN, M.D., PLASTIC SURGERY, P.A.

Current Principal Place of Business:

1700 NORTHSHORE DR NE
SAINT PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

1700 NORTHSHORE DR NE
SAINT PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 59-1759659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDGAR A BUREN M.D.
1700 NORTHSHORE DRIVE N.E.
ST. PETERSBURGE, FL 33704 US

Name and Address of New Registered Agent:

JAMISON MARK JESSUP SR., INC.
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: DEVIN NEWMAN- ASSISTANT SECRETARY 10/26/2006
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: PD ( ) Delete
Name: BUREN, EDGAR A.,
Address: 1700 NORTHSHORE DRIVE N.E.
City-St-Zip: ST. PETERSBURG FL,

Title: ST ( ) Delete
Name: BUREN, EDGAR A.,
Address: 1700 NORTHSHORE DR N.E.
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EDGAR A BUREN M.D. PD 10/26/2006
Electronic Signature of Signing Officer or Director Date