

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 26 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09212005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # 603648</b> 1. Entity Name <b>LUNSETH, BUSCEMI &amp; CHAN, M.D., P.A.</b>			
Principal Place of Business <b>4612 NO HABANA AVENUE TAMPA, FL 33614</b>		Mailing Address <b>4612 NO HABANA AVENUE TAMPA, FL 33614</b>	
2. Principal Place of Business <b>2727 W. MARTIN LUTHER KING BLVD</b> Suite, Apt. #, etc. <b>320</b> City & State <b>TAMPA, FLORIDA</b> Zip <b>33607</b>		3. Mailing Address <b>2727 W. MARTIN LUTHER KING BLVD</b> Suite, Apt. #, etc. <b>320</b> City & State <b>TAMPA, FLORIDA</b> Zip <b>33607</b>	
4. FEI Number <b>59-1406528</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LUNSETH, PAUL A. 4612 N HABANA TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2727 W. MARTIN LUTHER KING BLVD.</b> <b>SUITE 320</b> City <b>TAMPA</b> FL Zip Code <b>33607</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		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 <b>PD LUNSETH, PAUL A 4612 NORTH HABANA TAMPA, FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2727 W. MARTIN LUTHER KING BLVD, STE 320 TAMPA, FL 33607</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VTD MILLER, ALLEN D 4612 NORTH HABANA TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>200060592892 10/14/05--01002--015 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DV BUSCEMI, MICHAEL J 4612 N HABANA TAMPA, FL 33614</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2727 W. MARTIN LUTHER KING BLVD, SUITE 320 TAMPA, FLORIDA 33607</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V CHAN, JOHN C 4612 N HABANA TAMPA, FL 33614</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2727 W. MARTIN LUTHER KING BLVD, SUITE 320 TAMPA, FLORIDA 33607</b>	<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
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/05

10/31