2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 631411

1. Entity Name
PHILIP R. SHARP, M.D., P.A.

FILED
2007 JAN -2 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5 SANDHILL CRANE FERNANDINA BEACH, FL 32034 US	5 SANDHILL CRANE FERNANDINA BEACH, FL 32034 US

12292006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
1815 Largo Rd	1815 Largo Rd
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc: #3
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32207 Country: USA	Zip: 32207 Country: USA

4. FEI Number: 59-1926530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHARP, PHILIP R.
5 SANDHILL CRANE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1815 Largo Rd #3

City Jacksonville FL Zip Code 32207

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: Philip R. Sharp Dec 29, 2006
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, 2007, 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	DP SHARP, PHILIP R., M.D. 5 SANDHILL CRANE FERNANDINA BCH., FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1815 Largo Rd #3 Jacksonville FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHARP, ALYNNE T. 5 SANDHILL CRANE FERNANDINA BCH., FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1815 Largo Rd #3 Jacksonville FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900092920659 01/02/07--01054--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 1/4/07 REINSTATEMENT 06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Philip R. Sharp 12/29/06 904 396 0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #