


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 678703</b> 1. Entity Name <b>MACDONALD, ESCHLEMAN, NEALE, HEAGNEY &amp; FABIAN, M.D.'S, P.A.</b>					
Principal Place of Business <b>21292 PEMBERTON AVE. PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>P.O. BOX 496385 PORT CHARLOTTE, FL 33949-6385</b>		
2. Principal Place of Business <b>36261 WASHINGTON LOOP RD</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA, FL</b>		City & State		4. FEI Number <b>59-2011712</b>	
Zip <b>33982</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACDONALD, BRUCE D., M.D. 2525 HARBOR BLVD. SUITE 307 PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  <b>36261 WASHINGTON LOOP RD PUNTA GORDA, FL 33982</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 <u><i>Bruce D. McDonald</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-2-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, BRUCE D. 36261 WASHINGTON LOOP RD PUNTA GORDA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081769243 11/14/06--01065--003 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESCHLEMAN, A. ROBERT 1055 YORKSHIRE ST PT CHARLOTTE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	436 MILLSTREAM WAY WOODSTOCK, GA 30188	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEAGNEY, MICHAEL C. 4550 GRASSY PT BLVD. PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABIAN, THOMAS M. 4520 GRASSY PT BLVD. PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>A. ROBERT ESCHLEMAN</u> <u><i>A. Robert Eschleman</i></u> <u>11/2/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					