

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 695810

FILED  
Oct 17, 2006  
Secretary of State

**Entity Name:** RUSSELL E. PERRY, M.D., P.A

**Current Principal Place of Business:**

406 PALMETTO STREET SUITE A  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

406 PALMETTO STREET SUITE A  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 59-2109362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRY, RUSSELL E  
406 PALMETTO STREET SUITE A  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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:** RUSSELL E. PERRY

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:** PERRY, RUSSELL E,  
**Address:** 406 PALMETTO ST SUITE A  
**City-St-Zip:** NEW SMYRNA BCH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** MD (X) Change ( ) Addition  
**Name:** PERRY, RUSSELL E,  
**Address:** 406 PALMETTO ST SUITE A  
**City-St-Zip:** NEW SMYRNA BCH, FL 32168

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:** RUSSELL E. PERRY

MD

10/17/2006

Electronic Signature of Signing Officer or Director

Date