

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A02000000783

**1. Name of Limited Partnership**

Star Gazers International, Ltd.

**2. Principal Office Address**

One St. Johns Medical Park D

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

USA

**3. Mailing Office Address**

One St. Johns Medical Park D

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

USA

**4. Date Formed or Registered  
To Do Business in Florida**

May 24, 2002

**5. FEI Number**

043670381

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

1000.00

**7b. Amount of Capital Contributions in FLORIDA to date:**

1000.00

**FEES:**

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**10. Name(s) of General Partner(s)**

Allan A. Girouard, M.D.

**Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)**

One St. Johns Medical  
Park Dr.

**City, State and Zip Code**

St. Augustine, FL 32086

**10a.**

Registration  
Document Number

A02000000783

200033230432

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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

3-29-04

Typed or Printed Name of General Partner Signing Form

Allan A. Girouard M.D.

Telephone Number

904-797-7447

CR2E039 (10/02)