

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A28049

FILED
Oct 17, 2007
Secretary of State

Entity Name: ALL CHILDREN'S MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP

Current Principal Place of Business:

PHYSICIANS OFFICE BUILDING
880 6TH STREET SOUTH SUITE 190
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

PHYSICIANS OFFICE BUILDING
880 6TH STREET SOUTH SUITE 190
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2944240 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARNES, GARY
801 SIXTH STREET, SOUTH
ST. PETERSBURG, FL 33701 US

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: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #: K56074
Name: ACHPOB, INC.
Address: 801 SIXTH STREET, SOUTH
City-St-Zip: ST. PETERSBURG, FL

Address:
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: GARY CARNES

Electronic Signature of Signing General Partner

10/17/2007

Date