

2006 FOR PROFIT CORPORATION REINSTATEMENT

1282

DOCUMENT # F04040	
1. Entity Name EARL BRITT, M.D., P.A.	



06 OCT 24 3:18

Principal Place of Business 1625 PHYSICIANS DR TALLAHASSEE, FL 32308	Mailing Address 1625 PHYSICIANS DR TALLAHASSEE, FL 32308
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

CH2E098 (11/05)

4. FEI Number
59-2046387

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent	
PIERCE, ROBERT A 227 SOUTH CALHOUN ST TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, EARL M D 8915 BUCK LAKE RD TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081129453 10/24/06--01005--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRITT, EARL M D 8915 BUCK LAKE RD TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Earl B. Britt, M.D., P.A. 10/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OCT 24 2006

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Earl B. Britt, M.D., P.A.
CARDIOLOGY & INTERNAL MEDICINE
1625 Physicians Drive
Tallahassee, Florida 32308
Telephone: (850) 877-3154

October 6, 2006

To Whom It May Concern:

I did not receive a letter requesting me to file my Annual Report. Please receive my check of \$150.00 for reinstatement and I am requesting the reimbursement fee to be waived, per conversation with your representative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Earl B. Britt', with a long, sweeping horizontal line extending to the right.

Earl B. Britt, M.D.