

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000002507	
1. Entity Name KERN AUGUSTINE CONROY & SCHOPPMANN, P.C.	



FILED
08 NOV 24 PM 5:26

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 606 S BOULEVARD TAMPA, FL 33606	Mailing Address 606 S BOULEVARD TAMPA, FL 33606
---	---

2. Principal Place of Business - No P.O. Box # 1101 Douglas Avenue	3. Mailing Address 1101 Douglas Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Zip 32714
Country USA	Country USA



4. FEI Number 22-2365970		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Physicians' Counsel, L.L.C. Street Address (P.O. Box Number is Not Acceptable) 1101 Douglas Avenue City Altamonte Springs FL Zip Code 32714

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 	Michael J. Schoppmann, Esq. Partner of managing member 11/12/08

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERN, STEVEN I 1120 ROUTE 22 EAST BRIDGEWATER, NJ 08807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400138237744 11/24/08--01058--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONROY, ROBERT J ESQ. 1120 ROUTE 22 EAST BRIDGEWATER, NJ 08807 <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	S SCHOPPMANN, MICHAEL J ESQ. 1120 ROUTE 22 EAST BRIDGEWATER, NJ 08807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$76/24 <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: 	Michael J. Schoppmann, Esq. 11/12/08 908-704-8585