2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2008
Secretary of State

DOCUMENT# F07000005664

Entity Name: MARK E. THOMPSON, D.O., P.A.

Current Principal Place of Business:

14120 NORTHWEST BLVD.
CORPUS CHRISTI,, TX 78410

New Principal Place of Business:

4103 NW WISTERIA DR
LAKE CITY, FL 32055

Current Mailing Address:

4103 NW WISTERIA DR.
LAKE CITY, FL 32055

New Mailing Address:

4103 NW WISTERIA DR
LAKE CITY, FL 32055

FEI Number: 20-8178821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, MARK E
4103 NW WISTERIA DR.
LAKE CITY, FL 32055 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: MARK THOMPSON MD

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: CHRM ( ) Delete
Name: THOMPSON, MARK E
Address: 4103 NW WISTERIA DR.
City-St-Zip: LAKE CITY, FL 32055

Title: PTD ( ) Delete
Name: THOMPSON, MARK E
Address: 4103 NW WISTERIA DR.
City-St-Zip: LAKE CITY, FL 32055

Title: VCHR ( ) Delete
Name: THOMPSON, LAURAINE M
Address: 4103 NW WISTERIA DR.
City-St-Zip: LAKE CITY, FL 32055

Title: VCHR ( ) Delete
Name: THOMPSON, LAURAINE M
Address: 4103 NW WISTERIA DR.
City-St-Zip: LAKE CITY, FL 32055

Title: VSD ( ) Delete
Name: THOMPSON, LAURAINE M
Address: 4103 NW WISTERIA DR.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: MARK THOMPSON MD CHRM 11/05/2008

Electronic Signature of Signing Officer or Director — Date