


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F35240 1. Entity Name GEORGE M. ADAMS, M.D., P.A.					
Principal Place of Business 11016 N DALE MABRY STE 204 TAMPA, FL 33618			Mailing Address 11016 N DALE MABRY STE 204 TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box # 13537 Bay Lake Lane		3. Mailing Address 13537 Bay Lake Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-2090017	
Zip 33618		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, GEORGE M. 11212 N.DALE MABRY #902 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name George M. Adams Street Address (P.O. Box Number is Not Acceptable) 13537 Bay Lake Lane City Tampa FL Zip Code 33618		
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: <u>George M. Adams, M.D., P.A., President</u> 1/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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 P NAME ADAMS, GEORGE M., MD. STREET ADDRESS 11212 N DALE MABRY #902 CITY-ST-ZIP TAMPA, FL 00000	<input type="checkbox"/> Delete			TITLE P NAME George M. Adams, M.D. STREET ADDRESS 13537 Bay Lake Lane CITY-ST-ZIP Tampa, FL 33618	<input checked="" 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
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: <u>George M. Adams, M.D., P.A., President</u> 1/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
07 JAN 19 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07
R2E098 (1/07)

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