2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2006
Secretary of State

DOCUMENT# H20154

Entity Name: ROBERT W. DOUVILLE, JR., M.D., P.A.

Current Principal Place of Business:

% ROBERT W. DOUVILLE, JR.
1111 - 12TH ST., SUITE 107
KEY WEST, FL 33040

New Principal Place of Business:

1111 12TH STREET
SUITE 107
KEY WEST, FL 33040

Current Mailing Address:

% ROBERT W. DOUVILLE, JR.
1111 - 12TH ST., SUITE 107
KEY WEST, FL 33040

New Mailing Address:

1111 12TH STREET
SUITE 107
KEY WEST, FL 33040

FEI Number: 59-2445636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUVILLE, ROBERT W., JR., M.D.
1111 - 12TH ST.
SUITE 107
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DOUVILLE, ROBERT W MD
1111 - 12TH STREET
SUITE 107
KEY WEST, FL 33040 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: ROBERT W DOUVILLE, JR. M.D. 10/10/2006
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: PD ( ) Delete
Name: DOUVILLE, ROBERT W.,, JR.
Address: 1111 - 12TH ST., #107
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: DOUVILLE, ROBERT W MD
Address: 1111 - 12TH STREET, SUITE 107
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W DOUVILLE, JR. M.D.,P.A. MD 10/10/2006
Electronic Signature of Signing Officer or Director Date