

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K41026

1. Entity Name
SHARP MEDICAL MANAGEMENT SERVICES, INC.



FILED

2007 JAN -2 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5 SANDHILL CRANE
FERNANDINA BEACH, FL 32034 US

Mailing Address
5 SANDHILL CRANE
FERNANDINA BEACH, FL 32034 US

2. Principal Place of Business
1815 Largo Rd
Suite, Apt. #, etc. #3

3. Mailing Address
1815 Largo Rd
Suite, Apt. #, etc. #3

12292006 REIN-P CR2E098 (11/05)



City & State Jacksonville FL

City & State Jacksonville FL

Zip 32207 Country USA

Zip 32207 Country USA

4. FEI Number
59-2915142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARP, PHILIP R.
5 SANDHILL CRANE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
1815 Largo Rd #3
Jacksonville
City Jacksonville FL Zip Code 32207

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

Philip R. Sharp

12/29/06

Signature (type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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

TITLE D ☐ Delete
NAME SHARP, PHILIP R.
STREET ADDRESS 5 SANDHILL CRANE
CITY-ST-ZIP FERNANDINA BEACH, FL

TITLE S ☐ Delete
NAME SHARP, ALYNNE T.
STREET ADDRESS 5 SANDHILL CRANE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 1815 Largo Rd #3
STREET ADDRESS Jacksonville FL 32207
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1815 Largo Rd #3
STREET ADDRESS Jacksonville FL 32207
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400092920684
STREET ADDRESS 01/02/07--01064--010 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Philip R. Sharp

12/24/06

904-396-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #