

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 REIN-P CR2E098 (6/04)

DOCUMENT # K56807					
1. Entity Name PALM HARBOR PEDIATRICS, P.A.					
Principal Place of Business 2595 S.R. 584 SUITE W PALM HARBOR, FL 34684			Mailing Address 2595 S.R. 584 SUITE W PALM HARBOR, FL 34684		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2922707	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROYO, FERNANDO L. 2595 S.R. 584 SUITE W PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARROYO, FERNANDO L.		NAME		
STREET ADDRESS	2595 S.R. 584, SUITE W		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUD, R. ENID		NAME		
STREET ADDRESS	2595 S.R. 584, SUITE W		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Fernando L. Arroyo, M.D.</u>			VICE PRESIDENT 10/13/05 (322) 785-3092		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/20		

10/20/05