## 2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # L67064** 1. Entity Name FILED GREGORY D. HICKS, M.D., P.A.- PLASTIC & RECONSTRUCTIVE SURGERY 08 00T 31 PH 4: In Principal Place of Business Mailing Address MUNICIPAL OF STATE GREGORY D. HICKS, MD GREGORY D. HICKS, MD I ALLAHASSEE, FLORIDA 3801 BEE RIDGE RD., SUITE 1 3801 BEE RIDGE RD., SUITE 1 SARASOTA FL 34233 SARASOTA, FL 34233 3. Mailing Address 12. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 102 PENSTATEMEN2 098 (1/07) 68 City & State City & State 4. FEI Number 65-0187795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKS, GREGORY D., M.D. Street Address (P.O. Box Number is Not Acceptable) 3801 BEE RIDGE ROAD SUITE 1 SARASOTA, FL 34233 City Zip Code FI 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. FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPST ☐ Delete TITLE Change Addition NAME HICKS, GREGORY D. M.D. NAME STREET ADDRESS 3801 BEE RIDGE ROAD STE ONE STREET ADDRESS 000137491970 CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP 10/30/08--01037--014 ☐ Delete TITLE TITLE ☐ Change ☐ Addition HICKS, GREGORY D., M.D. NAME NAME STREET ADDRESS 3801 BEE RIDGE RD STE ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34233 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition JULIE. TITLE 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 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 attackment with an address, with all other like empowered.

- Gregory D. Hicks me 10-2