2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003377

Entity Name: COMMUNITY HEALTH ADVOCACY PARTNERSHIP, INC.

FILED Oct 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17737 LAKE CARLTON DRIVE STE D 3554 N 29TH STREET LUTZ, FL 335586046 TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 17737 LAKE CARLTON DRIVE STE D 17737 LAKE CARLTON DRIVE LUTZ, FL 335586046 SUITE D LUTZ, FL 335586046 FEI Number: 20-0003493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOKINS, RONALD T BROOKINS, RONALD T 17737 LAKÉ CARLTON DRIVE STE D 17737 LAKE CARLTON DRIVE LUTZ, FL 335586046 US SUITE D LUTZ, FL 335586046 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: RONALD T. BROOKINS 10/20/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BROOKINS, JAMES O MD BROOKINS, JAMES O MD Name: Name: 4728 N HABANA AVE STE 202 Address: 4728 N HABANA AVENUE STE 202 Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614 Title: () Delete Title: (X) Change () Addition Name: RYANS, JEROME Name: RYANS, JEROME Address: 17737 LAKE CARLTON DRIVE STE D Address: 17737 LAKE CARLTON DRIVE STE D City-St-Zip: LUTZ, FL 335586046 City-St-Zip: LUTZ, FL 335586046 Title: () Delete Title: (X) Change () Addition CHERRY, GLENN DR Name: WARREN, CARL PHD Name: 17737 LAKE CARLTON DRIVE STE D 17737 LAKE CARLTON DRIVE STE D Address: Address: City-St-Zip: LUTZ. FL 335586046 City-St-Zip: LUTZ. FL 335586046 Title: () Delete Title: () Change () Addition Name: MAHER, JAMES P III Name: 200 MADONNA AVE #105 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip: Title: Title: () Delete () Change () Addition CONEY, CHLOE J Name: Name: 1920 E HILLSBOROUGH AVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: (X) Change () Addition GREEN, HIRAM GREEN, HIRAM Name: Name: Address: 12901 BRUCE B DOWNS BLVD MDC 47 Address: 12901 BRUCE B DOWNS BLVD MDC 47 TAMPA, FK 33612 TAMPA, FL 33612 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES O. BROOKINS MD D 10/20/2004