2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 25, 2006
Secretary of State

DOCUMENT# N04000003865

Entity Name: LARGO MEDICAL DOCTORS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4198 LOSILLIAS DR.
SARASOTA, FL 34238

New Principal Place of Business:

2202 N. WESTSHORE BLVD.
SUITE 200
TAMPA, FL 33607 US

Current Mailing Address:

4198 LOSILLIAS DR.
SARASOTA, FL 34238

New Mailing Address:

2202 N. WESTSHORE BLVD.
SUITE 200
TAMPA, FL 33607 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, DAVID B ESQ.
720 S. ORANGE AVE.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

EICHOLTZ, KIRK D
2202 N. WESTSHORE BLVD.
SUITE 200
TAMPA, FL 33607 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: KIRK D. EICHOLTZ 05/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAGGIO, MICHAEL D
Address: 4198 LOSILLIAS DR.
City-St-Zip: SARASOTA, FL 34238

Title: STD ( ) Delete
Name: MCDONOUGH, ROGER L
Address: 7549 FAIRLINKS CT.
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: HEALEY, JUDY C
Address: P.O. BOX 7108
City-St-Zip: SEMINOLE, FL 337757108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EICHOLTZ, KIRK D
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607 US

Title: TD (X) Change ( ) Addition
Name: BURNS, GUY M
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607 US

Title: SD (X) Change ( ) Addition
Name: CRAIG, MELANIE L
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK D. EICHOLTZ, PRESIDENT P 05/25/2006
Electronic Signature of Signing Officer or Director Date