

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007353

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Entity Name:** PEDIATRIC OBESITY AWARENESS FOUNDATION, INC.

**Current Principal Place of Business:**

2139-B NE 2ND ST  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

2139-B NE 2ND ST  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-2990768      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

HOLLOWAY, MICHAEL  
2139-B NE 2ND ST  
OCALA, FL 34470      US

**Name and Address of New Registered Agent:**

SMITH, TINA M  
1531 WEST PERU STREET  
PRINCETON, IL, FL 61356      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: TINA M. SMITH

10/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ROSENDAHL, SANDRA K  
Address: 3236 RANCHO COMPANERO  
City-St-Zip: CARLSBAD, CA 92009

Title: D      ( ) Delete  
Name: HOLLOWAY, MICHAEL  
Address: 2139-B NE 2ND ST  
City-St-Zip: OCALA, FL 34470

Title: D      ( ) Delete  
Name: HOLST, LINDA  
Address: P.O.BOX 722708  
City-St-Zip: SAN DIEGO, CA 92172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: HOLLOWAY, MICHAEL M M.D.  
Address: 2139-B NE 2ND ST  
City-St-Zip: OCALA, FL 34470

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL M. HOLLOWAY, M.D.

D

10/17/2006

Electronic Signature of Signing Officer or Director

Date