

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010025

FILED
Oct 05, 2007
Secretary of State

Entity Name: TAMPA BAY MEDICAL GROUP MANAGEMENT ASSOCIATION INCORPORATED

Current Principal Place of Business:

31860 US HIGHWAY 19
PALM HARBOR, FL 34684

New Principal Place of Business:

31860 US HIGHWAY 19
PALM HARBOR, FL 34685

Current Mailing Address:

31860 US HIGHWAY 19
PALM HARBOR, FL 34684

New Mailing Address:

3687 DORAL STREET
PALM HARBOR, FL 34685

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MCDONALD, BRYAN J OANNE
601 BAYSHORE BOULEVARD
SUITE 600
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

VALENTIN, JOANNE
31860 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34685 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: JOANNE VALENTIN

10/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALENTIN, JOANNE
Address: 3687 DORAL STREET
City-St-Zip: PALM HARBOR, FL 34685

Title: VD () Delete
Name: FRANKS, MICHAEL
Address: 964 WEST WINDS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: MCDONALD, BRYAN
Address: 601 BAYSHORE BLVD., SUITE 600
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: MARCUS, RANDY
Address: 6397 CAPE HATTERAS WAY #3
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: BRENT, BARNHISEL
Address: 4522 SOUTH HESPERIDES STREET
City-St-Zip: TAMPA, FL 33611

Title: SD (X) Change () Addition
Name: SUE, OTTINGER-LUPIS
Address: 601 BAYSHORE DRIVE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify 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: JOANNE VALENTIN

PD

10/05/2007

Electronic Signature of Signing Officer or Director

Date