


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000010025		
1. Entity Name TAMPA BAY MEDICAL GROUP MANAGEMENT ASSOCIATION INCORPORATED		

FILED
09 FEB 27 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 31860 US HIGHWAY 19 PALM HARBOR, FL 34685	Mailing Address 3687 DORAL STREET PALM HARBOR, FL 34685
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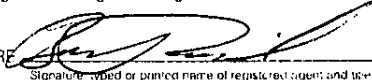
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242009 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent	
VALENTIN, JOANNE 31860 US HIGHWAY 19 NORTH PALM HARBOR, FL 34685	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

SIGNATURE 

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/09
DATE

FILE NOW!!! FEE IS \$122.50

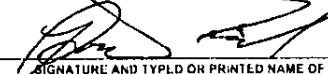
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD VALENTIN, JOANNE 3687 DORAL STREET PALM HARBOR, FL 34685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD FRANKS, MICHAEL 964 WEST WINDS BLVD. TARPO SPRINGS, FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BRENT, BARNHISEL 4522 SOUTH HESPERIDES STREET TAMPA, FL 33611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD SUE, OTTINGER-LUPIS 601 BAYSHORE DRIVE TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000144617840 02/27/09--01034--013 **122.50
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/09
Date

727-470-0480
Daytime Phone #