

2006

CORPORATION REINSTATEMENT

 APPLICANT
AND
FILED

06 JUL 10 PM 3:41

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/08/06 60027 009 \$102.00

DOCUMENT # N10000006956

1. Entity Name

AGENCY ONE PROVIDER, INC.



Principal Place of Business

 843 ALDERMAN ROAD
#633
JACKSONVILLE, FL 32211

Mailing Address

 843 ALDERMAN ROAD
#633
JACKSONVILLE, FL 32211

2. Principal Place of Business

 3380 CATAMARAN WAY
Suite, Apt. #, etc.

3. Mailing Address

 3380 CATAMARAN WAY
Suite, Apt. #, etc.

06

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

331096540

☒ Applied For☐ Not Applicable

Zip

32223

Country

DUVAL

Zip

32223

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

 GREEN, VICKY
843 ALDERMAN ROAD
#633
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name

GREEN, VICKY

Street Address (P.O. Box Number is Not Acceptable)

3380 CATAMARAN WAY

City

JACKSONVILLE

FL

Zip Code

32223

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

Vicky R. Green, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/06

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	GREEN, VICKY	843 ALDERMAN ROAD #644	JACKSONVILLE, FL 32211	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
V	GREEN, ROBERT	843 ALDERMAN ROAD #644	JACKSONVILLE, FL 32211	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
ST	ROSS, AUDREY	843 ALDERMAN ROAD #644	JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	GREEN, VICKY	3380 CATAMARAN WAY	JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	GREEN, ROBERT	3380 CATAMARAN WAY	JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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

Vicky R. Green

REINSTATEMENT

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