

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SEC. 17
DIVISION OF CORPORATIONS

06 OCT 31 AM 10:51

DOCUMENT # N93000001925

1. Entity Name

PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY
GROUP, INC.



Principal Place of Business
801 WEST M L KING JR BLVD
TAMPA, FL 33615 US

Mailing Address
801 WEST M L KING JR BLVD
PALM HARBOR, FL 33603 US

REINSTATEMENT 06



10062006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3178616

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABAL, MUTAZ B
801 WEST M.L. KING BLVD
TAMPA BAY CRANIO-FACIAL CENTER
TAMPA, FL 33603

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GUGGINO, GIACOMO
STREET ADDRESS 3115 SWANN AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Addition
NAME 200081370342
STREET ADDRESS 10/31/06-01007-002 **70.00
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME HABAL, MUTAZ
STREET ADDRESS 801 W M. L. KING BLVD
CITY-ST-ZIP TAMPA, FL 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FERANDADA, JOSE
STREET ADDRESS 5106 N. ARMENIA AVE #5
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME AGLIANO, DENNIS S
STREET ADDRESS 4600 N. HABANA AVE #23
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Oct 25, 2006

Date

(813) 238-0409

Daytime Phone #