2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N9600000129

FILED Sep 19, 2006 Secretary of State

Entity Name: SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 15245 ST. PETERSBURG, FL 33733 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 15245 ST. PETERSBURG, FL 337335245 US FEI Number: 59-3347603 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: Name and Address of New Registered Agent: MIKOS, CYNTHIA A ESQ 2078 EAST 4TH AVENUE TAMPA, FL 336055216 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: CYNTHIA A MIKOS, ESQ Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PED (X) Change () Addition () Delete RABIDOUX, MARGIE RABIDOUX, MARGI Name: Name: 7201 2ND AVE. S. Address: 7201 2ND AVE. S. Address: City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: SAINT PETERSBURG, FL 33707 Title: () Delete Title: () Change () Addition COLBERT, SHARON Name: Name: Address: 2323 9TH AVE N Address: City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition HAVERTY, SUE Name: Name: 12020 SEMINOLE BLVD. Address: Address: City-St-Zip: LARGO, FL 33778 City-St-Zip: Title: TD Title: TD (X) Change () Addition () Delete FICO, MARY'S Name: Name: SYVERTSEN, ELLEN V 401 MANATEE AVE E #B Address: Address: 9727 48TH AVE N City-St-Zip: BRADENTON, FL 34208 City-St-Zip: ST PETERSBURG, FL 33708 Title: () Delete Title: () Change () Addition DRANE, ANNE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ELLEN V SYVERTSEN TD 09/19/2006

12294 INDIAN ROCKS RD

LARGO, FL 33774

Address:

City-St-Zip: