

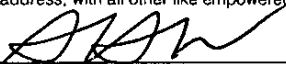


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P00000005960 1. Entity Name WILKINSON SNOWDEN OTOLARYNGOLOGY CONSULTANTS, P.A.					
Principal Place of Business 836 PRUDENTIAL DR, SUITE 807 JACKSONVILLE, FL 32207		Mailing Address 836 PRUDENTIAL DR, SUITE 807 JACKSONVILLE, FL 32207			
2. Principal Place of Business 14546 St Augustine Rd Suite, Apt. #, etc. Suite #401 City & State Jacksonville, FLA Zip 32258 Country USA		3. Mailing Address 14546 St Augustine Rd Suite, Apt. #, etc. Suite #401 City & State Jacksonville, FLA Zip 32258 Country USA		 REINSTATEMENT 2005 10062005 REIN P CH2E008704 4. FEI Number 59-3015796 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILKINSON, ALBERT H 836 PRUDENTIAL DR SUITE 807 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILKINSON, ALBERT H 836 PRUDENTIAL DR SUITE 807 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14546 St Augustine Rd. #401 Jacksonville, FLA 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SNOWDEN, R. TODD 836 PRUDENTIAL DR SUITE 807 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	14546 St Augustine Rd. #401 Jacksonville, FLA 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200060547362 10/12/05--01048--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - 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 exemption stated in Section 119.07(3)(i), 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: 			10/5/05 9042685366 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					