2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2007
Secretary of State

DOCUMENT# P00000092864

Entity Name: RALPH J. ZWOLINSKI, M.D., INC.

Current Principal Place of Business:

4016 NOVA ROAD
SUITE A
PORT ORANGE, FL 32127

New Principal Place of Business:

3951 S NOVA ROAD
PORT ORANGE, FL 32127

Current Mailing Address:

4016 NOVA ROAD
SUITE A
PORT ORANGE, FL 32127

New Mailing Address:

3951 SOUTH NOVA ROAD
PORT ORANGE, FL 32127

FEI Number: 59-3713284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUNSFORD, ANNE F ESQ.
770 W. GRANADA BOULEVARD
SUITE 200
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LUNSFORD, ANNE F ESQ.
305 CLYDE MORRIS BOULEVARD
SUITE 190
ORMOND BEACH, FL 32174 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: ANNE F. LUNSFORD, ESQ. 09/21/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZWOLINSKI, RALPH J M.D.
Address: 6325 PALMAS BAY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH J. ZWOLINSKI, MD P 09/21/2007
Electronic Signature of Signing Officer or Director Date