

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000006983

1. Entity Name
PINWOOD PROFESSIONAL CENTRE, INC.



Principal Place of Business
100 PLANTATION RD, SUITE A
PERRY, FL 32348

Mailing Address
100 PLANTATION RD, SUITE A
PERRY, FL 32348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09222006

REIN-P

CR2E098 (11/05)

4. FEI Number
01-0650784

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

HUTCHINS, CYNTHIA M
100 PLANTATION RD, SUITE A
PERRY, FL 32348

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

Cynthia M. Hutchins, Secretary & Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

10/2/2006

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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 P ☐ Delete
NAME HUTCHINS, KENNETH B
STREET ADDRESS 100 PLANTATION RD, SUITE A
CITY-ST-ZIP PERRY, FL 32348

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100080743941
10/12/06--01003--012 **158.75

TITLE ST ☐ Delete
NAME HUTCHINS, CYNTHIA M
STREET ADDRESS 100 PLANTATION RD, SUITE A
CITY-ST-ZIP PERRY, FL 32348

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 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:

Cynthia M. Hutchins
Cynthia M. Hutchins
10/2/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-584-6006

FILED

2006 OCT 12 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

