

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000044935

1. Entity Name
S. M. BROOKS, M.D., P.A.



FILED

04 NOV 22 PM 4: 16

Principal Place of Business
**500 S. DELANEY AVE., SUITE 301
ORLANDO, FL 32801-3861**

Mailing Address
**500 S. DELANEY AVE., SUITE 301
ORLANDO, FL 32801-3861**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



11092004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent
**BROOKS, STEPHEN M
500 S. DELANEY AVE., SUITE 301
ORLANDO, FL 32801-3861**

4. FEI Number
59-2234846

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 *Stephen M Brooks, MD* **STEPHEN M. BROOKS, MD, PRESIDENT** 11/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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	PSTD BROOKS, STEPHEN M 500 S. DELANEY AVE., SUITE 301 ORLANDO, FL 328013861 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042925362 11/22/04--01036--011 **150.00
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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: *Stephen M Brooks, MD* **STEPHEN M. BROOKS, M.D., PRESIDENT** 11/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #