

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -6 AM 11:06

DOCUMENT # P01000066865	
1. Entity Name DR MICHAEL EDWARD TOWNSEND MD PA	



Principal Place of Business 800 STERTHAUS SUITE B ORMOND BCH, FL 32174	Mailing Address 800 STERTHAUS SUITE B ORMOND BCH, FL 32174
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2. Principal Place of Business - No P.O. Box # 335 Clyde Morris Blvd Suite, Apt. #, etc. Suite 290 City & State Ormond Beach, FL Zip 32174 Country Volusia	3. Mailing Address 335 Clyde Morris Blvd Suite, Apt. #, etc. Suite 290 City & State Ormond Beach, FL Zip 32174 Country Volusia
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03312009 REIN-P CR2E098 (1/07)

4. FEI Number 59-3727679	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOWNSEND, MICHAEL E 800 STERTHAUS SUITE B ORMOND BCH, FL 32174	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Michael E. Townsend</i> DATE 3-30-09 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, MICHAEL E 800 STERTHAUS SUITE B ORMOND BCH, FL 32174 <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
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REINSTATEMENT 08-09KS

900148821219
04/06/09--01045--021 **\$300.00

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: <i>Michael E. Townsend</i> DATE 3-30-09 386 871-7534 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	
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