

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000078726

FILED
Aug 11, 2005
Secretary of State

Entity Name: ROBERT L. R. WESLY, M.D., PH.D., P.A.

Current Principal Place of Business:

720 SW 2ND AVE
SUITE 501
GAINESVILLE, FL 32601

New Principal Place of Business:

6510 NW 9TH AVENUE
SUITE 4
GAINESVILLE, FL 32605 US

Current Mailing Address:

720 SW 2ND AVE
SUITE 501
GAINESVILLE, FL 32601 US

New Mailing Address:

6718 SW 100TH LANE
GAINESVILLE, FL 32608 US

FEI Number: 59-3737807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESLY, ROBERT L. R MD
6718 SW 100TH LANE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: ROBERT L. R. WESLY, MD, PHD

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: PO () Delete
Name: WESLEY, ROBERT L. R MD
Address: 6718 SW 100TH LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: WESLY, ROBERT L. R MD
Address: 6718 SW 100TH LANE
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT L. R. WESLY, MD, PHD

PO

08/11/2005

Electronic Signature of Signing Officer or Director

Date