2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000111702

1. Entity Name
FAMILY MEDICINE ASSOCIATES, P.A.

FILED
06 MAY 22 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04262006 REIN-P CR2E098 (11/05)

Principal Place of Business	Mailing Address
1601 W. TOMBERLANE DR. #300 PLANT CITY, FL 33567	1601 W. TOMBERLANE DR. #300 PLANT CITY, FL 33567

2. Principal Place of Business	3. Mailing Address
1601 W. Timberlane Dr.	1601 W. Timberlane Dr.
Suite, Apt. #, etc #300	Suite, Apt. #, etc. #300
City & State Plant City, FL	City & State Plant City, FL
Zip 33567 / Country USA	Zip 33567 / Country USA

4. FEI Number 80-0032892 — 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
SALVATO, MICHAEL A 1601 W. TIMBERLAND DR. #4300 PLANT CITY, FL 33567	Name Street Address (P.O. Box Number is Not Acceptable) 1601 W. Timberlane Dr. #300 City: Plant City FL Zip Code: 33567

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: Michael A. Salvato 5/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVATO, MICHAEL A 1601 W. TIMBERLAND DR. #300 PLANT CITY, FL 33567 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1601 W. Timberlane Dr., #300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900075549199 05/31/06--01017--012 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete B 5/26/06 REINSTATEMENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ✓ Michael A. Salvato 5/15/06 813 719 3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #