

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000036744

**FILED**  
**Dec 07, 2006**  
**Secretary of State**

**Entity Name:** PHYSICIAN PARK MEDICAL GROUP, INC.

**Current Principal Place of Business:**

1199 SOUTH MAIN STREET  
SUITE 6  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**New Mailing Address:**

12333 EQUINE LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

15809 GLEN WILLOW LANE  
WELLINGTON, FL 33414

FEI Number: 74-3041737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABU, YAW  
15809 GLEN WILLOW LANE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

ABU, YAW  
12333 EQUINE LANE  
WELLINGTON, FL 33414 US

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: YAW ABU

12/07/2006

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: DPVP ( ) Delete  
Name: ABU, YAW  
Address: 15809 GLEN WILLOW LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: DST ( ) Delete  
Name: ABU, REBECCA  
Address: 15909 GLEN WILLOW LANE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPVP (X) Change ( ) Addition  
Name: ABU, YAW  
Address: 12333 EQUINE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: DST (X) Change ( ) Addition  
Name: ABU, REBECCA  
Address: 12333 EQUINE LANE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: YAW ABU

P

12/07/2006

Electronic Signature of Signing Officer or Director

Date