2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# P02000048548

Entity Name: PALM HARBOR INTERNAL MEDICINE AND PEDIATRICS, P.A.

Current Principal Place of Business:

3890 TAMPA ROAD
SUITE 102
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3890 TAMPA ROAD
SUITE 102
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 01-0690352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 US 19 NORTH STE 100
CLEARWATE, FL 33761 US

Name and Address of New Registered Agent:

BOBENHAUSEN, GALE M ESQ
28059 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER, FL 33761 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: GALE M. BOBENHAUSEN, ESQ 10/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: GOLDSTEIN, GARY M
Address: 35205 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: DR ( ) Delete
Name: NERI, KARENA A
Address: 35205 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: GOLDSTEIN, GARY M MD
Address: 3890 TAMPA ROAD, SUITE 102
City-St-Zip: PALM HARBOR, FL 34684

Title: DR (X) Change ( ) Addition
Name: NERI, KARENA A MD
Address: 3890 TAMPA ROAD, SUITE 102
City-St-Zip: PALM HARBOR, FL 34684

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: GARY M. GOLDSTEIN, MD PRES 10/27/2004
Electronic Signature of Signing Officer or Director Date