

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000017508

FILED
Oct 29, 2004
Secretary of State

Entity Name: MEDICAL PRACTICE ADVANTAGE CORPORATION

Current Principal Place of Business:

260 MAITLAND AVENUE
SUITE 1500
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

210 CROWN POINT CIRCLE
SUITE 100
LONGWOOD, FL 32779

Current Mailing Address:

260 MAITLAND AVENUE
SUITE 1500
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

210 CROWN POINT CIRCLE
SUITE 100
LONGWOOD, FL 32779

FEI Number: 72-1562379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, FREDERIC JR
260 MAITLAND AVENUE
SUITE 1500
ALTAMONTE SPRINGS, FL 32701 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:

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: PD () Delete
Name: STANLEY, FREDERIC JR
Address: 260 MAITLAND AVENUE, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STANLEY, FREDERIC JR
Address: 260 MAITLAND AVENUE, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: S/T () Change (X) Addition
Name: KEESECKER, ROBERT P S/T
Address: 210 CROWN POINT CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US

Title: V/P () Change (X) Addition
Name: BOYD, RONALD E V/P
Address: 210 CROWN POINT CIRCLE
City-St-Zip: LONGWOOD, FL 32779 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 P. KEESECKER

S/T

10/29/2004

Electronic Signature of Signing Officer or Director

Date