


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0300062228 1. Entity Name BILL BOCK, O.D., P.A.	
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FILED

09 SEP -4 PM 1:10

SECRETARY OF STATE
PALM BEACH, FLORIDA

Principal Place of Business 7017 ORIANNA OAKS DRIVE PLANT CITY, FL 33567	Mailing Address 7017 ORIANNA OAKS DRIVE PLANT CITY, FL 33567
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Box 6216 Suite, Apt. #, etc.
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City & State LAKELAND, FL	City & State LAKELAND, FL	4. FEI Number 41-2099508	Applied For <input type="checkbox"/> Not Applicable
Zip 33807	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

BOCK, WILLIAM
 7017 ORIANNA OAKS DRIVE
 PLANT CITY, FL 33567

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: William Bock (NOTE: Registered Agent signature required when reinstating) DATE: 9/1/09

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete BOCK, WILLIAM 7017 ORIANNA OAKS DRIVE PLANT CITY, FL 33567
TITLE	D <input type="checkbox"/> Delete BOCK, JACKIE 7017 ORIANNA OAKS DRIVE PLANT CITY, FL 33567
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200160344702

09/04/09--01003--016 **\$300.00

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: William Bock Date: 9/1/09 Daytime Phone #: 833 701 2573