

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000067585 1. Entity Name HIGH SPRINGS FAMILY PRACTICE CLINIC, INC.						FILED 05 AUG 23 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 605 NW 2 ST HIGH SPRINGS, FL 32643				Mailing Address 605 NW 2 ST HIGH SPRINGS, FL 32643			
2. Principal Place of Business 105 NE 1st Ave				3. Mailing Address Suite, Apt. #, etc.			
City & State High Springs, FL				City & State Suite, Apt. #, etc.			
Zip 32643		Country Alachua		Zip Country		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 REINSTATEMENT 04-05 08152005 REIN-P CR2E098(6/04)			
6. Name and Address of Current Registered Agent PRIETO BECERRA, JORGE M 605 NW 2 ST HIGH SPRINGS, FL 32643							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 NE 1st Ave City High Springs FL Zip Code 32643							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Jorge M. Prieto</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				08/15/05 352-262-365 <small>Date Daytime Phone #</small>			