

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000110026

FILED
Oct 24, 2008
Secretary of State

Entity Name: SOUTHEAST GYNECOLOGIC SPECIALTY, P.A.

Current Principal Place of Business:

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7
SUITE 108
MARGATE, FL 33063

New Principal Place of Business:

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7
SUITE 108
MARGATE, FL 33063 US

Current Mailing Address:

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7
SUITE 108
MARGATE, FL 33063

New Mailing Address:

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7
SUITE 108
MARGATE, FL 33063 US

FEI Number: 65-1205955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NDUBISI, BONIFACE U MD
N.W. MEDICAL PARK, 2960 N. STATE ROAD 7
108
MARGATE, FL 33063 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: BONIFACE NDUBISI

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: MD () Delete
Name: NDUBISI, BONIFACE U PRESIDE
Address: 2960 N STATE RD SEVEN STE#108
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NDUBISI, BONIFACE U PRESIDE
Address: 2960 N STATE RD 7, STE#108
City-St-Zip: MARGATE, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify 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: BONIFACE NDUBISI

PRES

10/24/2008

Electronic Signature of Signing Officer or Director

Date