

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116355		
1. Entity Name ROBERT E. LUCKEY, O.D., P.A.		

FILED

2008 APR 14 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102008 REIN-P CR2E098 (1/07) 07-08

Principal Place of Business 3407 LINTOWER DR. LAND O' LAKES, FL 34638	Mailing Address 3407 LINTOWER DR. LAND O' LAKES, FL 34638
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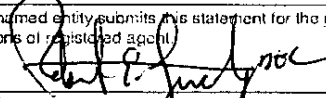
2. Principal Place of Business - No P.O. Box # 18077 Highlands Preserve Blvd	3. Mailing Address Suite, Apt. #, etc.
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City & State Tampa FL	City & State
Zip 33647	Country USA

4. FEI Number 45-0528703	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

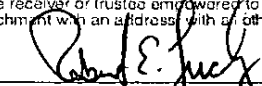
6. Name and Address of Current Registered Agent LUCKEY, ROBERT E 3407 LINTOWER DR. LAND O' LAKES, FL 34638	
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7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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8. 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 	DATE 4/10/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKEY, ROBERT E 3407 LINTOWER DR. LAND O' LAKES, FL 34638 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 another like empowered.	
SIGNATURE: 	DATE 4-10-08 813 866-4004