

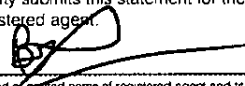
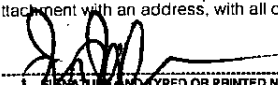


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000144299 1. Entity Name PRIMARY CARE PRACTITIONERS OF PALM BEACH, INC.					
Principal Place of Business 4723 W. ATLANTIC AVE A-10 DELRAY BEACH, FL 33454			Mailing Address 4723 W. ATLANTIC AVE A-10 DELRAY BEACH, FL 33454		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
					
11022004 REIN-P CR2E098 (6/04)					
4. FEI Number 65-1134647 65-026-1988				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAIMONT, RENE 1201 RIVIERA DRIVE PALM BAY, FL 32905			7. Name and Address of New Registered Agent Name Bruce J Ladd Street Address (P.O. Box Number is Not Acceptable) 785 Bacom Point Rd City Pahokee FL Zip Code 33476		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	P CHRISTEN, IVORY JOE 4723 W. ATLANTIC AVE A-10 DELRAY BEACH, FL 33454 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENGLISH, SCOTT 4723 W. ATLANTIC AVE A-10 DELRAY BEACH, FL 33454 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 					
_____ <small>TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11022004 REIN-P CR2E098 (6/04)

4. FEI Number **65-1134647**
~~65-026-1988~~

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Bruce J Ladd**
 Street Address (P.O. Box Number is Not Acceptable)
785 Bacom Point Rd
 City **Pahokee** **FL** Zip Code **33476**

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

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SIGNATURE:  _____
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #