

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000008912

FILED
Jan 16, 2007
Secretary of State

Entity Name: COLLEEN C. CAMPBELL, M.D., P.A.

Current Principal Place of Business:

2727 W MLK JR BLVD STE 450
TAMPA, FL 33607 US

New Principal Place of Business:

2727 W. MARTIN LUTHER KING, JR. BOULEVARD
SUITE 450
TAMPA, FL 33607 US

Current Mailing Address:

2727 W MLK JR BLVD STE 450
TAMPA, FL 33607 US

New Mailing Address:

2727 W. MARTIN LUTHER KING, JR. BOULEVARD
SUITE 450
TAMPA, FL 33607 US

FEI Number: 20-0578483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, COLLEEN C M D
2727 W MARTIN LUTHER KING JR BLVD STE 450
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CAMPBELL, COLLEEN C M D
2727 W. MARTIN LUTHER KING, JR. BOULEVARD
SUITE 450
TAMPA, FL 33607 US

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: COLLEEN C. CAMPBELL, M.D.

01/16/2007

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: D () Delete
Name: CAMPBELL, COLLEEN C M D
Address: 2727 W MARTIN LUTHER KING JR BLVD STE 450
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, COLLEEN C M D
Address: 2727 W MARTIN LUTHER KING JR BLVD STE 450
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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: COLLEEN C. CAMPBELL, M.D.

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

Date