

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000014604 1. Entity Name A. DEN BREEIJEN, M.D., P.A.					
Principal Place of Business 1125 U.S. HIGHWAY 98 SOUTH #301 LAKELAND, FL 33801		Mailing Address 1125 U.S. HIGHWAY 98 SOUTH #301 LAKELAND, FL 33801			
2. Principal Place of Business - No P.O. Box # 1125 Bartow Road, <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1125 Bartow Road, <small>Suite, Apt. #, etc.</small>			
City & State _____		City & State _____		4. FEI Number 20-0718039	
Zip _____		Country _____		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEN BREEIJEN, ARIE MD 1125 U.S. HIGHWAY 98 SOUTH #301 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1125 Bartow Road _____ City FL Zip Code _____		
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 \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEN BREEIJEN, ARIE MD 1125 U.S. HIGHWAY 98 SOUTH #301 LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1125 Bartow Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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 reports 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 titles empowered.					
SIGNATURE: _____				10/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

10/31
AD