

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000030593

FILED
Mar 07, 2006
Secretary of State

Entity Name: AMY RUBEN CONLEY, M.D., P.A.

Current Principal Place of Business:

6419 RENWICK CIRCLE
TAMPA, FL 33647

New Principal Place of Business:

12479 TELECOM DRIVE
TAMPA, FL 33637

Current Mailing Address:

6419 RENWICK CIRCLE
TAMPA, FL 33647

New Mailing Address:

12479 TELECOM DRIVE
TAMPA, FL 33637

FEI Number: 20-0810445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONLEY, AMY R M.D.
6419 RENWICK CIRCLE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: RANDOLPH J. WOLFE, VICE PRESIDENT

03/07/2006

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: CONLEY, AMY R
Address: 6419 RENWICK CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CONLEY, AMY R M.D.
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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: AMY R CONLEY, M.D.

P

03/07/2006

Electronic Signature of Signing Officer or Director

Date