


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |  |  |   |  |                 |  |
|--|---|--|--|---|--|-----------------|--|
| <b>DOCUMENT # P04000068132</b>   |   |  |  |    |  | 06 OCT 23 11:02 |  |
| 1. Entity Name<br><b>EILEEN TURBESSI, M.D., P.A.</b>   |   |  |  |   |  |                 |  |
| Principal Place of Business<br><b>91500 OVERSEAS HWY., #109<br/>TAVERNIER, FL 33070</b>  |   |  |  | Mailing Address<br><b>91500 OVERSEAS HWY., #109<br/>TAVERNIER, FL 33070</b>   |  |                 |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip   |   |  |  | 3. Mailing Address<br><b>8660 W. Flagler St.<br/>Ste 200<br/>Miami, FL<br/>33144</b>  |  |                 |  |
| 4. FEI Number<br><b>20-1088825</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |                 |  |
| 6. Name and Address of Current Registered Agent<br><b>TURBESSI, EILEEN<br/>91500 OVERSEAS HWY., #109<br/>TAVERNIER, FL 33070</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>Eileen Turbessi</i></u> DATE <u>10/17/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |   |  |                 |  |
| <b>FILE NOW!!! FEE IS \$750.00<br/>After January 1, 2007, Fee will be \$900.00</b>   |   |  |  |   |  |                 |  |
| 10. OFFICERS AND DIRECTORS   |   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>TURBESSI, EILEEN<br/>106 ORCHID ST<br/>TAVERNIER, FL 33070</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>104 Orchid St<br/>Tavernier, FL 33070</b>       |   |  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>TURBESSI, MARK<br/>104 ORCHID ST<br/>TAVERNIER, FL 33070</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>104 Orchid St<br/>Tavernier, FL 33070</b>                  |   |  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>LEITMAN, LORN<br/>7700 N. KENDALL DR., #405<br/>MIAMI, FL 33156</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>8660 W. Flagler St #200<br/>Miami, FL 33144</b> |   |  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000081117670<br/>10/23/06--01042--026 **750.00</b>         |   |  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered. |   |  |  |   |  |                 |  |
| SIGNATURE: <u><i>Lorn Leitman</i></u> DATE <u>10/17/06</u> 305-227-5176<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |                 |  |