

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000080473

FILED
Dec 22, 2006
Secretary of State

Entity Name: AARON C. MCKINNEY, M.D., P.A.

Current Principal Place of Business:

58 DOLPHIN BLVD. EAST
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

5311 EAST MARCONI AVENUE
SCOTTSDALE, AZ 85254

Current Mailing Address:

58 DOLPHIN BLVD. EAST
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

5311 EAST MARCONI AVENUE
SCOTTSDALE, AZ 85254

FEI Number: 76-0759560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: M. RICHARD LEWIS, JR.

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: P () Delete
Name: MCKINNEY, AARON C MD
Address: 58 DOLPHIN BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKINNEY, AARON C MD
Address: 5311 EAST MARCONI AVENUE
City-St-Zip: SCOTTSDALE, AZ 85254

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: AARON C. MCKINNEY, M.D.

PRES

12/22/2006

Electronic Signature of Signing Officer or Director

Date