2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 25, 2005
Secretary of State

DOCUMENT# P04000083982

Entity Name: BROWNE MEDICAL ARTS & SERVICES, INC.

Current Principal Place of Business:

GOLDEN CREST - 3091 NW 43RD STREET
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

7502 NW 23RD STREET
PEMBROKE PINES, FL 33024 BR

Current Mailing Address:

GOLDEN CREST - 3091 NW 43RD STREET
LAUDERDALE LAKES, FL 33309

New Mailing Address:

7502 NW 23RD STREET
PEMBROKE PINES, FL 33024 BR

FEI Number: 56-2460649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNE, ROGER DR.
7502 N.W. 23RD STREET
PEMBROKE PINES, FL 330241035 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: ROGER BROWNE MD
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: PD ( ) Delete
Name: BROWNE, ROGER DR.
Address: 7502 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 330241035

Title: VD ( ) Delete
Name: MCPHERSON, LESLIE
Address: 4 CHANTILLY COURT
City-St-Zip: SAVANNAH, GA 31419

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MCPHERSON, LESLIE
Address: 3841 S.R 84 #203
City-St-Zip: DAVIE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROGER BROWNE MD PD 11/25/2005
Electronic Signature of Signing Officer or Director Date