

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138346

FILED
Nov 10, 2005
Secretary of State

Entity Name: MICHAEL M. HOLLOWAY, M.D., P.A.

Current Principal Place of Business:

4421 NW HWY 27
SUITE 223
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4421 NW HWY 27
SUITE 223
OCALA, FL 34482

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLLOWAY, MICHAEL M M.D.
4421 NW HWY 27
SUITE 223
OCALA, FL 34482 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: MICHAEL M. HOLLOWAY, M.D.

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: HOLLOWAY, MICHAEL M M.D.
Address: 4421 NW HWY 27 SUITE 223
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL M. HOLLOWAY, M.D.

Electronic Signature of Signing Officer or Director

P

11/10/2005

Date