


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000151640</b> 1. Entity Name <b>BAY PEDIATRICS, P.A.</b>						<b>FILED</b> <b>07 MAY 22 PM 1:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1725-A EAST BAY DRIVE</b> <b>LARGO, FL 33771 US</b>				Mailing Address <b>1725-A EAST BAY DRIVE</b> <b>LARGO, FL 33771 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>20-1844999</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>VAUGHAN, VICTORIA</b> <b>1725-A EAST BAY DRIVE</b> <b>LARGO, FL 33771</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, TIMOTHY DR. 207 PALMETTO LANE LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11747-82 Terrace North Seminole, FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, VICTORIA 207 PALMETTO LANE LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11747-82 Terrace North Seminole, FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104676995 06/21/07--01052--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104676995 06/21/07--01052--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.							
<b>SIGNATURE:</b> <u>Victoria S. Vaughan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/30/07 727-584-9810 Date Daytime Phone #			

# Bay Pediatrics, P.A.

Timothy J. Vaughan, M.D., F.A.A.P.  
1725-A East Bay Drive  
Largo, Florida 33771  
727.584.9810

April 30, 2007

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam,

Enclosed please find the 2007 For Profit Corporation Reinstatement for Document # P04000151640, Bay Pediatrics, P.A. I have also enclosed the \$150.00 fee without penalty for reinstatement. We are requesting that the penalty be waived due to the fact that we did not receive the notice for refilling.

I am also enclosing a second \$150 check for 2007 Annual Report. These two checks totaling \$300 should bring our corporation up to date with the State of Florida.

If there are any problems with the reinstatement or payment of this year's fee, please do not hesitate to call me at 727-584-9810.

Sincerely,



Victoria S. Vaughan  
Director  
Bay Pediatrics, P.A.