

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


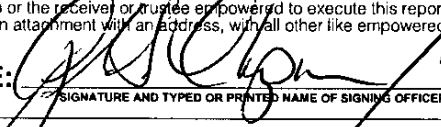
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06



06122006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P04000161849</b>					
1. Entity Name GLENN CHAPMAN, MD, INC.					
Principal Place of Business 5001 OLD OCEAN BLVD. SUITE 3 OCEAN RIDGE, FL 33435 US			Mailing Address 5001 OLD OCEAN BLVD. SUITE 3 OCEAN RIDGE, FL 33435 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAPMAN, GLENN S 5001 OLD OCEAN BLVD. SUITE 3 OCEAN RIDGE, FL 33435			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLF, SHARON P		NAME	900078226219	
STREET ADDRESS	5001 OLD OCEAN BLVD. SUITE 3		STREET ADDRESS	08/01/06--01043--010 **300.00	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAPMAN, GLEN S		NAME		
STREET ADDRESS	5001 OLD OCEAN BLVD, SUITE #3		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			GLENN S. CHAPMAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			561-758-3804		
			6-26-06		