


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000053280</b> 1. Entity Name <b>HARRY BORNO, M.D., P.A.</b>						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">07 DEC 28 AM 11:06</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>1599 N JASMINE AVE TARPON SPRINGS, FL 34689</b>				Mailing Address <b>1599 N JASMINE AVE TARPON SPRINGS, FL 34689</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				City & State Zip      Country			
4. FEI Number <b>20-2729701</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>BROTHWELL, RICHARD M 5318 LINDNER PLACE NEW PORT RICHEY, FL 34652</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>KIERZYNSKI, MICHAEL J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5143 COMMERCIAL WAY</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34606</b>			
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 <u>X Michael J. Kierzynski</u> (NOTE: Registered Agent signature required when reinstating)      DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$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	<b>D</b> <input type="checkbox"/> Delete <b>BORNO, HARRY</b> <b>1599 N JASMINE AVE</b> <b>TARPON SPRINGS, FL 34689</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700113463537</b> <b>12/28/07--01009--004 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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>							
<b>SIGNATURE: X</b> <u>HARRY BORNO</u> <u>12/24/07</u>				Date      Daytime Phone			