2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000128442

Entity Name: CHRISTOPHER CONAVAY MD PA

FILED Aug 05, 2008 Secretary of State

Current Principal Place of Business:

THE GREATER MALL 460 STATE RD. 436, SUITE 200

CASSELBERRU, FL 32707

Current Mailing Address:

THE GREATER MALL 460 STATE RD. 436, SUITE 200 CASSELBERRU, FL 32707

FEI Number: 20-3377733

FEI Number Applied For ()

FEI Number Not Applicable ()

SUITE # 201

New Principal Place of Business:

2304 ALOMA AVENUE, SUITE #201

WINTER PARK, FL 32792 New Mailing Address:

WINTER PARK, FL 32792

MEAGHER, DEBORAH 2304 ALOMA AVENUE

CHRISTOPHER CONAVAY, M.D., P.A.

CHRISTOPHER CONAVAY, M.D., P.A.

Name and Address of New Registered Agent:

2304 ALOMA AVENUE, SUITE #201

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONAVAY, CHRISTOPHER 460 STATE RD. 436 **SUITE # 200**

CASSELBERRY, FL 32707 US

WINTER PARK, FL 32792 US 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: DEBORAH MEAGHER

08/05/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete CONAVAY, CHRISTOPHER Name:

THE GREATER MALL,460 STATE RD. 436, #200 Address:

City-St-Zip: CASSELBERRY, FL 32707 US

(X) Change () Addition Title: CONAVAY, CHRISTOPHER M.D.P.A Name: Address: 2304 ALOMA AVENUE, SUITE 201 City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBORAH MEAGHER OM 08/05/2008