

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000134536

Entity Name: STEVEN A. VISNAW, D.O., P.A.

FILED
Oct 10, 2006
Secretary of State

Current Principal Place of Business:

11285 GYRAFALCON AVENUE
BROOKSVILLE, FL 34613

New Principal Place of Business:

17222 HOSPITAL BLVD
SUITE 326
BROOKSVILLE, FL 34601

Current Mailing Address:

11285 GYRAFALCON AVENUE
BROOKSVILLE, FL 34613

New Mailing Address:

17222 HOSPITAL BLVD
SUITE 326
BROOKSVILLE, FL 34601

FEI Number: 20-3566850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISNAW, STEVEN D D.O.
11285 GYRAFALCON AVENUE
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

VISNAW, STEVEN A D.O.
17222 HOSPITAL BLVD
SUITE 326
BROOKSVILLE, FL 34601 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: STEVEN A. VISNAW, D.O.

10/10/2006

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: D () Delete
Name: VISNAW, STEVEN A D.O.
Address: 11285 GYRAFALCON AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: VISNAW, STEVEN A D.O.
Address: 17222 HOSPITAL BLVD SUITE 326
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN A. VISNAW

DR.

10/10/2006

Electronic Signature of Signing Officer or Director

Date