



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000142404 1. Entity Name GREGORY L. NEDURIAN, M.D., P.A.						FILED 06 DEC 22 PM 12: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA 09/12/06 90011 001 \$550.00  REINSTATEMENT 06 12062006 REIN-P CR2E098 (11/05)	
Principal Place of Business 521 BUENA VISTA ST. LAKE LAND, FL 33805-4504				Mailing Address 521-BUENA VISTA ST. LAKE LAND, FL-33805-4504			
2. Principal Place of Business 521 BUENA VISTA ST Suite, Apt. #, etc.		3. Mailing Address 1706 CHARLESTON WOODS CT Suite, Apt. #, etc.		4. FEI Number 20-3649322		Applied For <input type="checkbox"/> Not Applicable	
City & State LAKE LAND, FL		City & State PLANT CITY, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent AEBEL, ERIN S 101 E. KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602	
Zip 33805		Country USA		Zip 33566		Country USA	
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box 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 <u><i>Erin Smith Aebel</i></u> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00				<u><i>Erin Smith Aebel</i></u>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE 7 NAME GREGORY L. NEDURIAN <input type="checkbox"/> Delete STREET ADDRESS (PRESIDENT) CITY- ST- ZIP 521 BUENA VISTA ST. 7 LAKE LAND, FL 33805 <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u><i>[Signature]</i></u> 12.6.06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							