


2017 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P05000158254 | |  |
| 1. Entity Name SHAUN E. LAURIE, M.D., PROFESSIONAL ASSOCIATION | | |

FILED

07 APR 24 AM 9:30

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| Principal Place of Business 2711 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32309 | Mailing Address 2711 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32309 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| 2. Principal Place of Business - No P.O. Box # 2711 Capital Medical Blvd, Suite, Apt. #, etc. Suite 100A Tallahassee, FL Zip 32308 Country USA | 3. Mailing Address 2711 Capital Medical Blvd, Suite, Apt. #, etc. Suite 100A Tallahassee, FL Zip 32308 Country USA |
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|---|---|----------------|--------|----------------|
| REINSTATEMENT | | 04242007 | REIN-P | CR2E098 (1/07) |
| 4. FEI Number 020760689 | Applied For <input type="checkbox"/> | Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | | |

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| 6. Name and Address of Current Registered Agent LAURIE, SHONNA B 2711 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32309 | |
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| 7. Name and Address of New Registered Agent Name Shonna B. Laurie Street Address (P.O. Box Number is Not Acceptable) 8741 Opal Drive City Tallahassee FL Zip Code 32309 | |
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| 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 Shonna B. Laurie | DATE 4/24/07 |

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAURIE, SHAUN E 8741 OPAL DRIVE TALLAHASSEE, FL 32309 <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 | D LAURIE, SHONNA B 8741 OPAL DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Shonna B. Laurie | DATE: 4/24/07 |