

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# P06000072709

Entity Name: JOHN J. ALTIERI, M.D., P.A.

**Current Principal Place of Business:**

3050 BEE RIDGE ROAD, SUITE B  
SARASOTA, FL

**New Principal Place of Business:**

1970 BOYCE ST  
SARASOTA, FL 34239

**Current Mailing Address:**

3050 BEE RIDGE ROAD, SUITE B  
SARASOTA, FL

**New Mailing Address:**

1970 BOYCE ST  
SARASOTA, FL 34239

FEI Number: 20-4993215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILSON, RICHARD A ESQ.  
2727 SOUTH TAMiami TRAIL, SUITE 2  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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: RICHARD FILSON

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: PSTD ( ) Delete  
Name: ALTIERI, JOHN J  
Address: 1990 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN ALTIERI

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date