

**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

07 NOV 14 PM 12: 04

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000087398  
1. Entity Name  
ABSOLUTE HEALTH INTERNAL MEDICINE & PEDIATRICS, P.A.



Principal Place of Business  
WEST MARION MEDICAL PLAZA  
4600 SW 46TH COURT BLDG. 200  
OCALA, FL 34474

Mailing Address  
1581 FOUNTAIN SQUARE DRIVE  
AUSTINTOWN, OH 44515

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
West Marion Medical Plaza  
4600 SW 46th Court Bldg  
Suite 260

City & State  
Ocala, FL 34474

Zip Country Zip Country



**REINSTATEMENT 07**

4. FEI Number 20-5100672  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WALKER, GARY  
202 S. ROME AVE.  
SUITE 100  
TAMPA, FL 33606

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number 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: Gary Walker DATE: October 29, 2007

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yousef Elyaman, M.D. <input type="checkbox"/> Delete 4600 SW 46th Court Blvd., Ste 260 Ocala, FL 34474 <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000111503490  
10/30/07--01055--009 \*\*\*158.75

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 filer empowered.

SIGNATURE: [Signature] DATE: October 29, 2007

11/21