2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P06000137316

Entity Name: TAMPA HEALTH CARE PROVIDERS, P.A.

Current Principal Place of Business:

8495 W. LINEBAUGH AVENUE
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20794
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 45-0481823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORAT, RON
6702 N. GUNLOCK AVENUE
TAMPA, FL 33614 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: RON PORAT

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: PD ( ) Delete
Name: NOH, TAE JUNG MD
Address: P.O. BOX 20794
City-St-Zip: TAMPA, FL 33622 US

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: TAE JUNG NOH PD 10/19/2009

Electronic Signature of Signing Officer or Director — Date