

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000061425

FILED
Oct 30, 2009
Secretary of State

Entity Name: HYMAN ASSOCIATED COMPANIES, INC.

Current Principal Place of Business:

6610 SOUTH RIVERCHASE DRIVE
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291987
TAMPA, FL 33687

New Mailing Address:

6610 SOUTH RIVERCHASE DRIVE
TAMPA, FL 33637

FEI Number: 54-1814776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HYMAN, TERRANCE M
6610 SOUTH RIVERCHASE DRIVE
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

HYMAN, TERRANCE M HAC MED
6610 SOUTH RIVERCHASE DRIVE
TAMPA, FL 33637 US

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: TERRANCE HYMAN

10/30/2009

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: PRES () Delete
Name: HYMAN, TERRANCE M
Address: 6610 SOUTH RIVERCHASE DRIVE
City-St-Zip: TAMPA, FL 33637

Title: VP () Delete
Name: CLARK, BELINDA
Address: 1821 POPE AVE
City-St-Zip: NORFOLK, VA 23509

Title: SEC () Delete
Name: BAKER-FLESHMAN, WOODRENA D
Address: 6212 AVIGNON COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HYMAN, TERRANCE M HAC MED
Address: 6610 SOUTH RIVERCHASE DRIVE
City-St-Zip: TAMPA, FL 33637

Title: VP (X) Change () Addition
Name: CLARK, BELINDA H HAC MED
Address: 1821 POPE AVE
City-St-Zip: NORFOLK, VA 23509

Title: SEC (X) Change () Addition
Name: BAKER-FLESHMAN, WOODRENA D HAC MED
Address: 6212 AVIGNON COURT
City-St-Zip: TAMPA, FL 33647

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: TERRANCE HYMAN

PRES

10/30/2009

Electronic Signature of Signing Officer or Director

Date