

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000082378

Entity Name: THOMAS TRUNCALE, P.A.

FILED  
Oct 13, 2009  
Secretary of State

## Current Principal Place of Business:

13201 BRUCE B. DOWNS BLVD.  
MDC 56  
TAMPA, FL 336123805

## New Principal Place of Business:

JAMES A HALEY VETERANS' HOSPITAL  
13000 BRUCE B DOWNS BLVD  
TAMPA, FL 336123805

## Current Mailing Address:

13201 BRUCE B. DOWNS BLVD.  
MDC 56  
TAMPA, FL 336123805

## New Mailing Address:

11409 MINARET DRIVE  
TAMPA, FL 33626

FEI Number: 26-3337008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRUNCALE, THOMAS  
13201 BRUCE B. DOWNS BLVD.  
MDC 56  
TAMPA, FL 336123805 US

## Name and Address of New Registered Agent:

TRUNCALE, THOMAS  
11409 MINARET DR  
TAMPA, FL 33626 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: THOMAS TRUNCALE

10/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TRUNCALE, THOMAS  
Address: 13201 BRUCE B. DOWNS BLVD. MDC 56  
City-St-Zip: TAMPA, FL 336123805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PA (X) Change ( ) Addition  
Name: TRUNCALE, THOMAS  
Address: 13000 BRUCE B DOWNS BLVD (111C)  
City-St-Zip: TAMPA, FL 336123805

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: THOMAS TRUNCALE

PA

10/13/2009

Electronic Signature of Signing Officer or Director

Date