2006 FOR PROFIT CORPORATION

FILED Feb 03, 2006 08:00 AM

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DOOL NEW T 11 DOOGGOOGGOOGGOOGGOOGGOOGGOOGGOOGGOOGGOO	Secretary of State
DOCUMENT # P92000007329 1. Emity Name S. WALLIS PINSLEY, D.O., P.A.	
Principal Place of Business 1325 S. CONGRESS AVE. 1325 S. CONGRESS AVE. SUITE #207 BOYNTON BEACH, FL 33426 US BOYNTON BEACH, FL 33426 US	
DO NOT WRITE IN THIS SPACE 01312006 No Chg	g-P CR2E034 (11/05) Applied For Not Applicable
PINSLEY, DR. SHERRI W 1325 S. CONGRESSS AVE #207 BOYNTON BEACH, FL 33426 IN THIS	·
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, typed or privided name of registered agent and the it applicable. (NOTE. Registered Agent signature required when reinstanting) DATE	
FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS TITLE D NAME PINSLEY, SHERRY W DRS STREET ADDRESS 1325 SO. CONGRESS AVE., STE 207 DITY-ST-209 BOYNTON BEACH, FL 33428	
TITLE NAME SITTET ADDRESS DITY-ST-ZIP	000000419596 15706-80013-020 150.00
TITLE NAME STREEL ADDRESS CITY- ST- ZIP DO NOT	
IN THIS NAME STREET ADDRESS CITY-ST-ZIP	SPACE
DTLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CUTY-SI-ZIP	
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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; end that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all office like empowered. SIGNATURE:	

STATUTE AND TYPED OR PRINTED HAME OFFICER OR DIRECTOR

SIGNATURE: