## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P93000003298

Entity Name: ROBERT W. OLDS, M.D., P.A.

ST. AUGUSTINE, FL 32086

City-St-Zip:

FILED Oct 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
301 HEAL <sup>-</sup>	TH PARK BLVD				
	STINE, FL 3208	6 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TH PARK BLVD				
106 ST. AUGU	STINE, FL 3208	6 US			
FEI Number:	59-3158183	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address o	f New Registered Agent:	
106 ST. AUGU The above	TH PARK BLVD STINE, FL 3208		purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: LINDA A. O				
Election Car	ce with s. 607.193(2	Signature of Registered Ag ()(b), F.S., the corporation did no rust Fund Contribution ( ). DRS:	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DO OLDS, ROBERT V 301 HEALTH PAR ST. AUGUSTINE, I	V MD K BLVD #106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () DO OLDS, LINDA A 301 HEALTH PAR		Title: Name: Address:	( ) Change ( ) Addition	

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: LINDA A. OLDS T 10/11/2007