

2004 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P94000016419 1. Entity Name BRUCE D. SHEPHARD, M.D., P.A.					
Principal Place of Business 4302 N. HABANA AVE #300 TAMPA, FL 33607			Mailing Address 4201 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624		
2. Principal Place of Business		3. Mailing Address 4302 N. Habana Av.			
Suite, Apt. #, etc. # 300		Suite, Apt. #, etc. # 300			
City & State Tampa, FL 33607		City & State Tampa, FL 33607			
Zip 33607	Country U.S.	4. FEI Number 59-3226151		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SHEPHARD, BRUCE D 4201 CARROLLWOOD VILLAGE DRIVE SUITE 2500 TAMPA, FL 33624	
7. Name and Address of New Registered Agent Name SHEPHARD, BRUCE D. Street Address (P.O. Box Number is Not Acceptable) 4302 N. Habana Av. Suite 300 Tampa City Tampa				Zip Code FL 33607	
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 <u>Bruce D. Shephard</u> <small>Signature, typed or printed name of registered agent and true applicable.</small>				DATE <u>10-20-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SHEPHARD, BRUCE D STREET ADDRESS 4201 CARROLLWOOD VILLAGE DR. CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE Shephard, Bruce D NAME 4302 N. Habana Av. Suite 300 STREET ADDRESS Tampa, FL 33607 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bruce D. Shephard, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>10-20-04</u>		Daytime Phone # <u>813-8762496</u>

REINSTATEMENT 2004

Bruce D. Shephard, M.D., P.A.

Obstetrics • Gynecology • Infertility

*Diplomate, American Board of
Obstetrics and Gynecology*

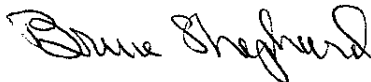
October 20, 2004

Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I hereby certify that I did not receive a notice this year from the Florida Department of State notifying me of this year's required filing of the annual 2004 corporation report. This may have occurred because the former mailing address changed due to my divorce. Enclosed is my 2004 annual report with a check for \$150.00.

Sincerely,



Bruce D. Shephard, M.D., P.A.