


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000041501</b> 1. Entity Name <b>ROBERT C. NUCCI, M.D., P.A.</b>						<b>FILED</b> <b>06 NOV 15 PM 12: 04</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6322 GUNN HWY</b> <b>TAMPA, FL 33625 US</b>				Mailing Address <b>6322 GUNN HWY</b> <b>TAMPA, FL 33625 US</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3323473</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>NUCCI, ROBERT C M.D.</b> <b>6322 GUNN HWY</b> <b>TAMPA, FL 33625</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ROBERT C NUCCI MD 6322 GUNN HWY TAMPA, FL 33625			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
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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 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 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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR</small>				Date: <b>11/10/06</b> Daytime Phone #: <b>813-864-3998</b>			

**NUCCI**  
**MEDICAL CENTER**  
*Spine & Orthopedic Surgery*

November 14, 2006

Florida Department of State  
Division of Corporations  
Clifton Building  
Attn: Sean Toner  
2661 Executive Center Circle  
Tallahassee, FL 32301

**SENT VIA FEDEX**  
**8574 8661 5511**


RE: Document # P95000041501

Dear Mr. Toner,

Accompanying this letter, please find the 2006 For Profit Corporation Reinstatement form signed by Dr. Robert C. Nucci, M.D. Per our telephone conversation on November 3, 2006, you requested that I send something in writing stating that we had not received a letter of notice stating that we had 60 days to respond or our corporation would be dissolved. Also, per our conversation you stated that you would waive the fee for reinstatement. Please reinstate the corporation effective immediately.

Thank you.

Sincerely,



Jennifer Blanco  
Assistant Personnel Manager  
Nucci Medical Center

RCN/jb