


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000059692	
1. Entity Name TAMPA BAY PROVIDER GROUP, INC.	

Principal Place of Business 8875 HIDDEN RIVER PKWY SUITE 300 TAMPA, FL 33637	Mailing Address 8875 HIDDEN RIVER PKWY SUITE 300 TAMPA, FL 33637
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2. Principal Place of Business 3500 E. FLETCHER AVE	3. Mailing Address 3500 E. FLETCHER AVE
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33613	Country USA

FILED  
05 MAR -2 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02182005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3339351	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BARKER, JAMES 8875 HIDDEN RIVER PKWY SUITE 300 TAMPA, FL 33637	7. Name and Address of New Registered Agent Name BARKER, JAMES Street Address (P.O. Box Number is Not Acceptable) 3500 E. FLETCHER AVE SUITE 201 City TAMPA FL Zip Code 33613
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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>James H. Barker</u> (NOTE: Registered Agent signature required when reinstating)	DATE <u>2/28/05</u>
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARKER, JAMES D.O. 13124 NORTH FLORIDA AVENUE TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400048418434 03/15/05--01029--022 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REIBER, WILLIAM M.D. 3000 E. FLAGLER, #230 TAMPA, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Reiber, MD 3000 E. Fletcher Avenue, #230 Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ISHAK, SALAM M.D. 3405 LITHIA PINECREST ROA VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SAPHIER, ALBERT M.D. 4922 BAY WAY PL. TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT PL-05
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>James H. Barker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>2/28/05</u> Daytime Phone #

**T**ampa  
**B**ay  
**P**rovider  
**G**roup, Inc.

Administrative Offices  
3500 E. Fletcher Avenue, Suite 201  
Tampa, Florida 33613  
Phone (813) 615-2520 Fax (813) 615-2521

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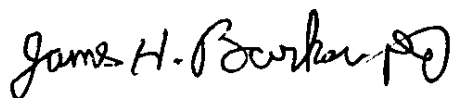
February 23, 2005

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: 2005 For-Profit Corporation Reinstatement for  
Tampa Bay Provider Group, Inc.  
FEIN: 59-3339351  
Doc #: P95000059692

Enclosed please find a 2005 for-profit corporation reinstatement form and a check for \$300. The corporation did not file its uniform business report for 2004 because it did not receive a notice from the Division of Corporation. If you have any question, please feel free to contact our office at 813-615-2520. Thank you for your assistance.

Sincerely,



James Barker, DO  
President