2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 31 PM 1:41

DOCUMENT # P96000097029

1. Entity Name
FIRST COAST OF ORANGE PARK, INC.

Principal Place of Business	Mailing Address
105 CANNON CT. PONTE VEDRA BEACH, FL 32082 US	9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE, FL 32225 US

01052006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	105 Cannon Court W Suite, Apt. #, etc.
City & State	Ponte Vedra Beach, FL
Zip / Country	32082 / USA

4. FEI Number 52-2007172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATTINGER, SKIP 105 CANNON CT. W PONTE VEDRA BEACH, FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Skip Attinger
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROWELL, KEVIN 2645 LONG WINTER LANE OAKLAND, MI 48363	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kevin Rowell 3048 Heron Ridge Drive Virginia Beach, VA 23456 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLEIMAN, TONEY 4347-10 UNIVERSITY BLVD JACKSONVILLE, FL 33216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000083973990 04/10/06--01087--011 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATTINGER, BRUCE 19444 E LAKEWAY BATON ROUGE, LA 70810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINK, RIDGE 8160 BAYMEADOWS WAY W STE 110 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARLI, PETER 9951 ATLANTIC BLVD, SUITE 235 JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter Barli 4924 Andros Drive Tampa FL 33629 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Skip Attinger D 105 Cannon Court W Ponte Vedra Beach FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Skip Attinger 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/4 cw