


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000026393 1. Entity Name VOLUSIA NEUROLOGIC ASSOCIATES, P.A.						FILED 08 NOV -3 PM 4: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168 US				Mailing Address 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3442942				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 MARTINEZ, NORBERTO JR. 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent 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 <u><i>Norberto Martinez Jr MD</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARTINEZ, NORBERTO J MD		NAME				
STREET ADDRESS	405 DOWNING STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TRAPANI, VICENTE		NAME				
STREET ADDRESS	405 DOWNING STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <u><i>Norberto Martinez Jr MD</i></u>				Date <u>10-30-08</u>			

REINSTATEMENT 2008

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