

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000040753

1. Entity Name  
RICHARD P. INGHAM, O.D., P.A.



FILED

05 OCT -7 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
805 MAPLE RIDGE RD.  
PALM HARBOR, FL 34683

Mailing Address  
805 MAPLE RIDGE RD.  
PALM HARBOR, FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3448357

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

INGHAM, RICHARD P  
805 MAPLE RIDGE RD.  
PALM HARBOR, FL 34683

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

*Richard P. Ingham*

Richard P. Ingham

10-4-5

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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 INGHAM, RICHARD P  
STREET ADDRESS 805 MAPLE RIDGE RD.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10/07/05-01038-017 \*\*150.00

TITLE S  
NAME INGHAM, LORRAINE  
STREET ADDRESS 805 MAPLE RIDGE RD.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
bpr 10/10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard P. Ingham*

Richard P. Ingham

727.784.5913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-4-5

Daytime Phone #