
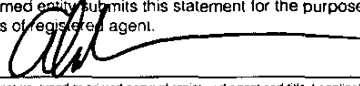
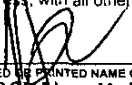


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
08 FEB 11 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000053338</b>					
1. Entity Name <b>JOSE F. PASCUAL, M.D., P.A.</b>					
Principal Place of Business <b>13910 LAKESHORE BLVD., STE. 140 HUDSON, FL 34667</b>			Mailing Address <b>13910 LAKESHORE BLVD., STE. 140 HUDSON, FL 34667</b>		
2. Principal Place of Business - No P.O. Box # <b>7545 MEDICAL DRIVE</b>		3. Mailing Address <b>7545 MEDICAL DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HUDSON, FLORIDA</b>		City & State <b>HUDSON, FLORIDA</b>		4. FEI Number <b>59-3452332</b>	
Zip <b>34667</b>		Country		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 <b>GASSMAN, ALAN S 1245 CT. ST., STE. 102 CLEARWATER, FL 34616</b>			7. Name and Address of New Registered Agent <b>REINSTATEMENT</b>		
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  DATE <b>12-31-07</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>			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	<b>D PASCUAL, JOSE F 13910 LAKESHORE BLVD., STE. 140 HUDSON, FL 34667</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7545 MEDICAL DRIVE HUDSON, FLORIDA 34667</b>	<input checked="" 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	<b>100117726041 02/11/08--01048--011 **300.00</b>	<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
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.					
SIGNATURE:  DATE <b>12/31/07</b> DAYTIME PHONE <b>(727) 822-3548</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOSE F. PASCUAL, M.D.</b>					