

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000075756

FILED
Dec 14, 2006
Secretary of State

Entity Name: ANTHONY M. D'AGOSTINO, M.D., P.A.

Current Principal Place of Business:

1172 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 US

New Principal Place of Business:

1350 9TH STREET N
SUITE 201
NAPLES, FL 34102 US

Current Mailing Address:

1172 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 US

New Mailing Address:

1350 9TH STREET N
SUITE 201
NAPLES, FL 34102 US

FEI Number: 65-0784947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AGOSTINO, LOUIS D
CHEFFY PASSIDOMO WILSON & JOHNSON LLP
821 FIFTH AVENUE SOUTH SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANTHONY M. D'AGOSTINO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: D'AGOSTINO, ANTHONY M MD
Address: 1172 GOODLETTE ROAD STE 201
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: D'AGOSTINO, ANTHONY M MD
Address: 1350 9TH STREET N
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY M D'AGOSTINO, MD

PRES

12/14/2006

Electronic Signature of Signing Officer or Director

Date