

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09282006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P98000045130</b> 1. Entity Name ASANTE-KORANG, EDWARDS, GIROUD, MARTINEZ, MCCORMACK & SUH, M.D, P.A.					
Principal Place of Business 100 1ST AVENUE SOUTH 550 ST PETERSBURG, FL 33701			Mailing Address 100 1ST AVENUE S. #550 ST PETERSBURG, FL 33701		
2. Principal Place of Business 840 Dr. MLK Jr. St. N. Suite, Apt. #, etc. Suite 400 City & State St. Petersburg, FL Zip 33705 Country USA		3. Mailing Address 840 Dr. MLK Jr. St. N. Suite, Apt. #, etc. Suite 400 City & State St. Petersburg, FL Zip 33705 Country USA		4. FEI Number 59-3511771 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCCORMACK, JORGE 100 1ST AVE S SUITE 550 ST PETERSBURG, FL 33701	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 840 Dr. MLK Jr. St. N. Suite 400 City St. Petersburg FL Zip Code 33705				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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D <input checked="" type="checkbox"/> Delete NAME EDWARDS, THOMAS STREET ADDRESS 100 1ST AVENUE SOUTH, SUITE 550 CITY-ST-ZIP ST PETERSBURG, FL 33701			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300080639403 STREET ADDRESS 10/03/06--01045--014 **150.00 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME GIROUD, JORGE M STREET ADDRESS 100 1ST AVENUE SOUTH, SUITE 550 CITY-ST-ZIP ST PETERSBURG, FL 33701			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Giroud, Jorge M STREET ADDRESS 840 Dr. MLK Jr. St. N., Suite 400 CITY-ST-ZIP St. Petersburg, FL 33705		
TITLE D <input type="checkbox"/> Delete NAME MARTINEZ, RICHARD M STREET ADDRESS 100 1ST AVENUE SOUTH, SUITE 550 CITY-ST-ZIP ST PETERSBURG, FL 33701			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Martinez, Richard M. STREET ADDRESS 840 Dr. MLK Jr. St. N., Suite 400 CITY-ST-ZIP St. Petersburg, FL 33705		
TITLE D <input type="checkbox"/> Delete NAME ASANTE-KORANG, ALFRED STREET ADDRESS 100 1ST AVENUE SOUTH, SUITE 550 CITY-ST-ZIP ST. PETERSBURG, FL 33701			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Asante-Korang, Alfred STREET ADDRESS 840 Dr. MLK Jr. St. N., Suite 400 CITY-ST-ZIP St. Petersburg, FL 33705		
TITLE D <input type="checkbox"/> Delete NAME SUH, ELSA STREET ADDRESS 880 6TH ST SOUTH, SUITE 280 CITY-ST-ZIP ST PETERSBURG, FL 33701			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME McCormack, Jorge STREET ADDRESS 840 Dr. MLK Jr. St. N., Suite 400 CITY-ST-ZIP St. Petersburg, FL 33705		
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 officers and directors empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

10/10/06