

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000050750

**FILED**  
**Oct 22, 2004**  
**Secretary of State**

**Entity Name:** MACK HUGH SULLIVAN, JR., M.D., P.A.

**Current Principal Place of Business:**

501 N. KINGS BAY ROAD  
KINGSLAND, GA 31548 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5355  
SAINT MARYS, GA 31558

**New Mailing Address:**

FEI Number: 59-3515087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, MACK H JR, MD  
1409 KINGSLEY AVE., STE 14-C  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

SULLIVAN, MACK H JR, MD  
ST. VINCENT'S MEDICAL CENTER  
1800 BARRS ST./SUITE 601 DILLION BLD.  
JACKSONVILLE, FL 32204 US

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: MACK H. SULLIVAN, JR. M.D.,P.A.

10/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SULLIVAN, MACK HUGH JR.M.D.  
Address: 501 N. KINGS BAY ROAD  
City-St-Zip: KINGSLAND, GA 31548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: SULLIVAN, MACK HUGH JR.M.D.  
Address: 501 N. KINGS BAY ROAD  
City-St-Zip: KINGSLAND, GA 31548

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MACK H. SULLIVAN JR.,

MD

10/22/2004

Electronic Signature of Signing Officer or Director

Date