

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 26, 2005  
Secretary of State**

DOCUMENT# P98000071097

Entity Name: GULFCOAST ORTHOPAEDIC CENTER, PA

**Current Principal Place of Business:**

4937 CLARK RD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2168  
SARASOTA, FL 34276

**New Mailing Address:**

FEI Number: 59-3534937      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ASKINS, ROLAND VANCE III,MD  
4937 CLARK RD.  
SARASOTA, FL 34233    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: ROLAND V ASKINS III

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ASKINS, ROLAND V III MD  
Address: 4937 CLARK RD  
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete  
Name: SCHOFIELD, BRIAN  
Address: 4937 CLARK RD  
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete  
Name: HAND, JOHN D  
Address: 4937 CLARK RD  
City-St-Zip: SARASOTA, FL 34233

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROLAND V ASKINS III

Electronic Signature of Signing Officer or Director

P

10/26/2005

Date