

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000082710

FILED  
Aug 09, 2006  
Secretary of State

**Entity Name:** PEDIATRIC ASSOCIATES OF HOMESTEAD, INC.

**Current Principal Place of Business:**

151 NW 11TH STREET  
STE E-202  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

151 NW 11TH STREET  
STE E-202  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 65-0864837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUEST, JAMES M CPA,PA  
15600 S.W. 288TH ST., #201  
HOMESTEAD, FL 33033 US

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

GOOSBY, DORSEY L MD  
151 NW 11TH STREET  
E202  
HOMESTEAD, FL 33030 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: DORSEY GOOSBY M.D.

08/09/2006

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: P ( ) Delete  
Name: GOOSBY, DORSEY L MD  
Address: 151 NW 11TH STREET STE E202  
City-St-Zip: HOMESTEAD, FL 33030

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

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 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: DORSEY GOOSBY M.D.

P

08/09/2006

Electronic Signature of Signing Officer or Director

Date