

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000089971

FILED
Dec 07, 2004
Secretary of State

Entity Name: FRANK D. MASTANDREA, M.D., P.A.

Current Principal Place of Business:

4710 N. HABANA., #400
TAMPA, FL 33604

New Principal Place of Business:

4710 N HABANA AVE
SUITE 400
TAMPA, FL 33614 US

Current Mailing Address:

4710 N. HABANA., #400
TAMPA, FL 33604

New Mailing Address:

4710 N HABANA AVE
SUITE 400
TAMPA, FL 33614 US

FEI Number: 59-3538155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANK, MASTERDREA
4210 N WAGANA
400
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

MASTANDREA, FRANK D MD
4710 N HABANA AVE
SUITE 400
TAMPA, FL 33614 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: FRANK D. MASTANDREA, MD

12/07/2004

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: D () Delete
Name: MASTANDREA, FRANK D M.D.
Address: 4710 N. HABANA., #400
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MASTANDREA, FRANK D M.D.
Address: 4710 N HABANA AVE SUITE 400
City-St-Zip: TAMPA, FL 33614 US

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: FRANK D. MASTANDREA, MD

MD

12/07/2004

Electronic Signature of Signing Officer or Director

Date