

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000107549

FILED
Mar 04, 2005
Secretary of State

Entity Name: SHERRI JONAS-LAZIN, M.D., P.A.

Current Principal Place of Business:

1921 WALDEMERE ST.
SUITE 509
SARASOTA, FL 34239

New Principal Place of Business:

2750 BAHIA VISTA STREET
SUITE 250
SARASOTA, FL 34239

Current Mailing Address:

1921 WALDEMERE ST.
SUITE 509
SARASOTA, FL 34239

New Mailing Address:

2750 BAHIA VISTA STREET
SUITE 250
SARASOTA, FL 34239

FEI Number: 65-0878209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, JOHN J JR.
630 S. ORANGE AVE., #300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SHEA, JOHN J
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239 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: JOHN J. SHEA

03/04/2005

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: JONAS-LAZIN, SHERRI M.D.
Address: 1921 WALDEMERE ST SUITE 509
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONAS-LAZIN, SHERRI M.D.
Address: 2750 BAHIA VISTA STREET, SUITE 250
City-St-Zip: SARASOTA, FL 34239

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: SHERRI JONAS-LAZIN, MD

D

03/04/2005

Electronic Signature of Signing Officer or Director

Date