

2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2007 JAN 12 AM 10:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



11272006 REIN-P.00 CR2E098 (11/05) 06

DOCUMENT # P99000011438					
1. Entity Name MARK P. HOWELL, D.O., P.A.					
Principal Place of Business 5651 49TH STREET NORTH ST. PETERSBURG, FL 33709			Mailing Address 5651 49TH STREET NORTH ST. PETERSBURG, FL 33709		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3554757	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUKE MULLIN & GALLOWAY, P.A. 1700 EAST LAS OLAS BOULEVARD PENTHOUSE 1 FORT LAUDERDALE, FL 33301			Name <u>Myron Howell</u> Street Address (P.O. Box Number is Not Acceptable) <u>1040 Seminole Drive #1561</u> City <u>Pembroke Pines FL</u> Zip Code <u>33025</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to be in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Myron Howell</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-27-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, MARK T DO PA		NAME	600082181456	
STREET ADDRESS	5651 49TH STREET NORTH		STREET ADDRESS	11/30/06--01050--008	**150.00
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Myron Howell</u> <u>crim</u>			DATE <u>11-27-06</u> DAYTIME PHONE # <u>954-761-7200</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

Myron Howell 12/29/06