

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000080460

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** BELLADONNA OBGYN & ASSOCIATES, P.A.

**Current Principal Place of Business:**

1188-1194 MARINER BLVD.  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

1188-1194 MARINER BLVD.  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 59-3594321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BENNETT, DONNA C M.D.  
1188-1194 MARINER BLVD.  
SPRING HILL, FL 34609      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: DONNA BENNETT

\_\_\_\_\_  
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/D            ( ) Delete  
Name:            BENNETT, DONNA C M.D.  
Address:        5331 CHAMPIONSHIP CUP LANE  
City-St-Zip:    SPRING HILL, FL 34609

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

Title:            P/D            (X) Change ( ) Addition  
Name:            BENNETT, DONNA C M.D.  
Address:        3456 SWEETGRASS CT  
City-St-Zip:    SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify 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: DONNA C. BENNETT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/16/2009

\_\_\_\_\_  
Date