



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000110070 1. Entity Name JOHN D. HAND, MD, PA						05 OCT 11 AM 9:12 RECEIVED	
Principal Place of Business 5741 BEE RIDGE RD., STE. 240 SARASOTA, FL 34233				Mailing Address 7671 ALISTER MCKENZIE DRIVE SARASOTA, FL 34240 US			
2. Principal Place of Business 4937 Clark Rd.		3. Mailing Address 7671 Alister Mackenzie		 REINSTATEMENT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-0967975		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34233		Country USA		Zip 34240		Country USA	
6. Name and Address of Current Registered Agent HAND, JOHN D MD 5741 BEE RIDGE RD., STE. 240 SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name HAND, JOHN D MD Street Address (P.O. Box Number is Not Acceptable) 4937 CLARK RD City SARASOTA FL Zip Code 34233			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>John D. Hand MD</u> DATE 10-5-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	P HAND, JOHN D MD 4937 CLARK RD. SARASOTA, FL (34231) incorrect			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME SAME SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKINS, ROALND III 4937 CLARK RD. SARASOTA, FL 34233			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHCOFIELD, BRIAN A MD 4937 CLARK RD. SARASOTA, FL 34233			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOFIELD, BRIAN A. MD SAME SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060489843 10/11/05--01045--001 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
12. I hereby certify that the information supplied with this filing does not qualify 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 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>John D. Hand (JOHN D. HAND)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10/5/05 Daytime Phone # (941) 342-6404			