

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUL 25 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06 JFC



DOCUMENT # P99000111314 1. Entity Name EUGENE F. GUERRE, JR., M.D., P.A.		
Principal Place of Business 12029 CORTEZ BLVD. BROOKSVILLE, FL 34613		Mailing Address 12029 CORTEZ BLVD. BROOKSVILLE, FL 34613
2. Principal Place of Business 7011 NIGHTWALKER RD. Suite, Apt. #, etc.	3. Mailing Address 7011 NIGHTWALKER RD. Suite, Apt. #, etc.	07142006 REIN-P CR2E098 (11/05)
City & State BROOKSVILLE FL Zip 34613 Country	City & State BROOKSVILLE FL Zip 34613 Country	4. FEI Number 59-3614760 Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent GUERRE, EUGENE F JR. 12029 CORTEZ BLVD. BROOKSVILLE, FL 34613		7. Name and Address of New Registered Agent Name: GUERRE, EUGENE F. JR. Street Address (P.O. Box Number is Not Acceptable): 7011 NIGHTWALKER RD. City: BROOKSVILLE FL Zip 34613
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: <small>Signature typed or printed name of registered agent and title if applicable.</small>		EUGENE F. GUERRE, JR. MD DATE: 7/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$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 NAME: GUERRE, EUGENE F JR. STREET ADDRESS: 12029 CORTEZ BLVD. CITY-ST-ZIP: BROOKSVILLE, FL 34613	TITLE: P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: GUERRE, EUGENE F. JR. STREET ADDRESS: 7011 NIGHTWALKER RD. CITY-ST-ZIP: BROOKSVILLE, FL 34613	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	800078226488 08/01/06--01043--015 ***300.00 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		EUGENE F. GUERRE, JR. MD DATE: 7/20/06 <small>Daytime Phone #</small>