2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2005
Secretary of State

DOCUMENT# S28037

Entity Name: FAMILY MEDICAL SPECIALIST, INC.

Current Principal Place of Business:

7242 WEST COLONIAL DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

6336 WEST COLONIAL DRIVE
SUITE D
ORLANDO, FL 32818

Current Mailing Address:

7242 WEST COLONIAL DRIVE
ORLANDO, FL 32818

New Mailing Address:

6336 WEST COLONIAL DRIVE
SUITE D
ORLANDO, FL 32818

FEI Number: 59-3073672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARNER, JULIUS M MD
7242 WEST COLONIAL DRIVE
ORLANDO, FL 328186749 US

Name and Address of New Registered Agent:

GARNER, JULIUS M MD
6336 WEST COLONIAL DRIVE
SUITE D
ORLANDO, FL 328186749 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: JULIUS M. GARNER, MD 09/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: GARNER, JULIUS M MD
Address: 7242 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: GARNER, JULIUS M MD
Address: 6336 W. COLONIAL DR., SUITE D
City-St-Zip: ORLANDO, FL 32818

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: JULIUS M. GARNER, MD PST 09/28/2005
Electronic Signature of Signing Officer or Director Date