2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 14, 2005
Secretary of State

DOCUMENT# S99902

Entity Name: UNIVERSITY MEDICAL ASSOCIATES OF BOCA RATON, P.A.

Current Principal Place of Business:

900 GLADES RD.
4TH FLOOR
BOCA RATON, FL 33431 US

New Principal Place of Business:

3848 FAU BLVD
SUITE 210
BOCA RATON, FL 33431 US

Current Mailing Address:

900 GLADES RD.
4TH FLOOR
BOCA RATON, FL 33431 US

New Mailing Address:

3848 FAU BLVD
SUITE 210
BOCA RATON, FL 33431 US

FEI Number: 65-0538839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEVERT, DAVID B.
900 GLADES RD.
4TH FLOOR
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HEVERT, DAVID B.
3848 FAU BLVD
SUITE 210
BOCA RATON, FL 33431 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: DAVID B.HEVERT 12/14/2005
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: D ( ) Delete
Name: HEVERT, DAVID B
Address: 900 GLADES RD. 4TH FLOOR
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HEVERT, DAVID B
Address: 3848 FAU BLVD, SUITE 210
City-St-Zip: BOCA RATON, FL 33431 US

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: DAVID B. HEVERT MD 12/14/2005
Electronic Signature of Signing Officer or Director Date