2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P05000056151

Entity Name: SANFORD MEDICAL GROUP, P.A.

Current Principal Place of Business:

1621 WEST 1ST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1621 WEST 1ST STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-2688581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SRIVASTAVA, VINAY C MD
1621 WEST 1ST STREET
SANFORD, FL 32771 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: VINAY SRIVASTAVA

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: SRIVASTAVA, VINAY C MD
Address: 1621 WEST 1ST STREET
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: MOHAN, SANGITA MD
Address: 1621 WEST 1ST STREET
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFR (X) Change ( ) Addition
Name: SRIVASTAVA, VINAY C MD
Address: 1621 WEST 1ST STREET
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: NAGARAJ, PADMANABHAN DIR
Address: 32 ARISTA DRIVE
City-St-Zip: DIX HILLS, NY 11746

I hereby certify that the information supplied with this filing does not qualify for the 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: NAGARAJ PADMANABHAN DIR 10/06/2006

Electronic Signature of Signing Officer or Director — Date