2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# P05000099966

Entity Name: 5150 OF TAMPA BAY, INC.

Current Principal Place of Business:

810 ADDISON DRIVE NORTHEAST
ST PETERSBURG, FL 33716

New Principal Place of Business:

3533 BENERAID ST.
LAND O LAKES, FL 34638

Current Mailing Address:

810 ADDISON DRIVE NORTHEAST
ST PETERSBURG, FL 33716

New Mailing Address:

3533 BENERAID ST.
LAND O LAKES, FL 34638

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

Name and Address of Current Registered Agent:

ELLINGSON, KAREN L
810 ADDISON DRIVE NORTHEAST
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

ELLINGSON, KAREN L
3533 BENERAID ST.
LAND O LAKES, FL 34638 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: KAREN L. ELLINGSON 10/05/2006
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: ELLINGSON, KAREN L
Address: 810 ADDISON DRIVE NORTHEAST
City-St-Zip: ST PETERSBURG, FL 33716

Title: D ( ) Delete
Name: CAHILL, JACKIE
Address: 2515 W. KANSAS AVENUE, UNIT C
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: WEBER, AMY M
Address: 810 ADDISON DRIVE NORTHEAST
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ELLINGSON, KAREN L
Address: 3533 BENERAID ST.
City-St-Zip: LAND O LAKES, FL 34638

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

Title: D (X) Change ( ) Addition
Name: WEBER, AMY M
Address: 2520 W. KANSAS AVENUE, UNIT B
City-St-Zip: TAMPA, FL 33629

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: KAREN L. ELLINGSON D 10/05/2006
Electronic Signature of Signing Officer or Director Date