

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 602608

FILED
Feb 23, 2012
Secretary of State

Entity Name: TITUSVILLE FAMILY PRACTICE CENTER, P.A.

Current Principal Place of Business:

1849 MEDICAL DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

1849 JESS PARRISH CT.
TITUSVILLE, FL 32796

Current Mailing Address:

1849 MEDICAL DRIVE
TITUSVILLE, FL 32796

New Mailing Address:

1849 JESS PARRISH CT.
TITUSVILLE, FL 32796

FEI Number: 59-1312604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSMON, LEON H.
1849 MEDICAL DRIVE
TITUSVILLE,, FL 32796 US

Name and Address of New Registered Agent:

RASBATT-HARRIS, FELICIA
951 N. WASHINGTON AVENUE
TITUSVILLE,, FL 32796 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: /FELICIA RASBATT-HARRIS/

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: MCALPINE, CHRISTOPHER
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: DIR
Name: ALEXANDER, LISA M.D.
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

I hereby 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 all other like empowered.

SIGNATURE: /CHRISTOPHER MCALPINE/

DIR

02/23/2012

Electronic Signature of Signing Officer or Director

Date