

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000017799

Entity Name: JOSEPH ALOISE, D.O., P.A.

FILED  
Oct 31, 2011  
Secretary of State

**Current Principal Place of Business:**

18900 NORTH TAMIAMI TRAIL STE 9  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

18900 NORTH TAMIAMI TRAIL STE 9  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-1072925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALOISE, JOSEPH DO  
18900 NORTH TAMIAMI TRAIL STE 9  
NORTH FORT MYERS, FL 33903 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: JOSEPH ALOISE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: ALOISE, JOSEPH DO  
Address: 18900 NORTH TAMIAMI TRAIL STE 9  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T  
Name: ALOISE, JOSEPH DO  
Address: 18900 NORTH TAMIAMI TRAIL STE 9  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JOSEPH ALOISE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVPS

10/31/2011

\_\_\_\_\_  
Date