

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000076880

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** MOHAN L. SHARMA M.D., P.A.

**Current Principal Place of Business:**

231 E RICH AVE  
DELAND, FL 32724

**New Principal Place of Business:**

229 E RICH AVE  
DELAND, FL 32724

**Current Mailing Address:**

231 E RICH AVE  
DELAND, FL 32724

**New Mailing Address:**

229 E RICH AVE  
DELAND, FL 32724

**FEI Number:** 20-4977043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHARMA, MOHAN L  
1658 STERLING SILVER BLVD  
DELTONA, FL 32725 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: MOHAN L SHARMA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: SHARMA, MOHAN L  
Address: 1658 STERLING SILVER BLVD  
City-St-Zip: DELTONA, FL 32725

Title: S,T  
Name: SHARMA, KIRAN P  
Address: 1658 STERLING SILVER BLVD  
City-St-Zip: DELTONA, FL 32725

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: KARIN P SHARMA

S,T

03/02/2012

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

\_\_\_\_\_  
Date