

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000025023

**FILED
Oct 07, 2009
Secretary of State**

Entity Name: WATERFORD PARK FAMILY MEDICINE, P.A.

Current Principal Place of Business:

12301 LAKE UNDERHILL DRIVE
SUITE 219
ORLANDO, FL 32828 US

New Principal Place of Business:

12301 LAKE UNDERHILL RD
SUITE 219
ORLANDO, FL 32828 US

Current Mailing Address:

12301 LAKE UNDERHILL DRIVE
SUITE 219
ORLANDO, FL 32828 US

New Mailing Address:

12301 LAKE UNDERHILL RD
SUITE 219
ORLANDO, FL 32828 US

FEI Number: 26-2137378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLONEE, RONALD C DR.
12301 LAKE UNDERHILL DRIVE
SUITE 219
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

MALLONEE, RONALD C DR.
12301 LAKE UNDERHILL RD
SUITE 219
ORLANDO, FL 32828 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: RONALD C MALLONEE

10/07/2009

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: P () Delete
Name: MALLONEE, RONALD C DR.
Address: 12301 LAKE UNDERHILL DRIVE, SUITE 219
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALLONEE, RONALD C DR.
Address: 12301 LAKE UNDERHILL RD, SUITE 219
City-St-Zip: ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify 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: RONALD C MALLONEE

DR

10/07/2009

Electronic Signature of Signing Officer or Director

Date