

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000099171

**FILED  
Feb 25, 2012  
Secretary of State**

**Entity Name:** MEERA K. GOYAL, M.D., P.A.

**Current Principal Place of Business:**

3423 SAILING WINDS WAY  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

3423 SAILING WINDS WAY  
LEESBURG, FL 34748 US

**New Mailing Address:**

**FEI Number:** 27-4357574      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOYAL, MEERA K  
3423 SAILING WINDS WAY  
LEESBURG, FL 34748 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: MEERA GOYAL

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: GOYAL, MEERA  
Address: 3423 SAILING WINDS WAY  
City-St-Zip: LEESBURG, FL 34748 US

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: MEERA GOYAL

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

PRES

02/25/2012

\_\_\_\_\_  
Date