

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000046808

**FILED**  
**Jun 21, 2011**  
**Secretary of State**

**Entity Name:** MID FLORIDA PRIMARY CARE PHYSICIANS ASSOCIATES, P.A.

**Current Principal Place of Business:**

1475 W US HWY 441  
APOPKA, FL 32712

**New Principal Place of Business:**

1475 W ORANGE BLOSSOM TRAIL  
APOPKA, FL 32712

**Current Mailing Address:**

P.O. BOX 909  
APOPKA, FL 32704

**New Mailing Address:**

FEI Number: 59-3578497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSENDO, LEYBERTH M M.D.  
1475 W US HWY 441  
APOPKA, FL 32712 US

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

ROSENDO, LEYBERTH M M.D.  
1475 W ORANGE BLOSSOM TRAIL  
APOPKA, FL 32712 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: LEYBERTH M. ROSENDO

06/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ROSENDO, LEYBERTH M M.D.  
Address: 1475 W. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32712

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: LEYBERTH M. ROSENDO

DR.

06/21/2011

Electronic Signature of Signing Officer or Director

Date