The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of			
SIGNATURE:	CHARLES MARGETTA, CPA		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title [DIRECTOR	Title	PRESIDENT
Name E	BAFFY, GYORGY MD	Name	KRISZTINICZ, THOMAS MD

202 NORTH RHODES AVENUE, SUITE 102 SARASOTA, FL 34237

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# N1000003519

202 NORTH RHODES AVENUE, SUITE 102 SARASOTA. FL 34237 US

FEI Number: 31-1100529

Name and Address of Current Registered Agent:

MARGETTA, CHARLES CPA 202 NORTH RHODES AVENUE, SUITE 102 SARASOTA, FL 34237 US

Th of Florida.

Date 0 Ti Ν D **5 OLAND LANE** 1060 CEDRUS LANE Address Address City-State-Zip: MCLEAN VA 22102 SOUTHBOROUGH MA 01772 City-State-Zip: Title TREA Title SECR

Name

Address

City-State-Zip:

ACS, GEZA MD

TAMPA FL 33647

16306 ASHINGTON PARK DRIVE

Name

Address

City-State-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IVAN HARANGOZO

TREASURER

08/30/2016

08/30/2016

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

Entity Name: HUNGARIAN MEDICAL ASSOCIATION OF AMERICA, INC.

FILED Aug 30, 2016 Secretary of State CR7692211466

Certificate of Status Desired: No

HARANGOZO, IVAN MD

HAYMARKET VA 20169

15791 HUNTON LANE

Date