## 2018 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000018933

Entity Name: SOUTHCOAST ALLERGY, P.A.

**Current Principal Place of Business:** 

4592 E. HWY. 20

STE 3

NICEVILLE, FL 32578

**Current Mailing Address:** 

4592 E. HWY. 20

STE 3

NICEVILLE, FL 32578 US

FEI Number: 20-0693455 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIMORTS, MICHAEL L. 25 CENTRAL SQUARE SUITE H-2

SANTA ROSA BEACH, FL 32459 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: MICHAEL L. WEIMORTS 09/08/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR/PRESIDENT/SECRETARY

Name KOVACS, ENDRE Address 4592 E. HWY. 20

STE 3

City-State-Zip: NICEVILLE FL 32578

SIGNATURE: ENDRE KOVACS

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.

Electronic Signature of Signing Officer/Director Detail

DIRECTOR/PRESIDENT/S 09/08/2018 ECRETARY

Date

FILED Sep 08, 2018

**Secretary of State** 

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