

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G03225

**FILED**  
**Aug 18, 2010**  
**Secretary of State**

**Entity Name:** MUHAMMED Y. MEMON, M.D., P.A.

**Current Principal Place of Business:**

2400 HARBOR BLVD.  
SUITE 10  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2400 HARBOR BLVD.  
SUITE 10  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-2220321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MEMON, MUHAMMED Y M.D.  
2400 HARBOR BLVD.  
SUITE 10  
PORT CHARLOTTE, FL 33952 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: MUHAMMED Y. MEMON

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVT  
Name: MEMON, MUHAMMED Y  
Address: 4230 EAGLE NEST COURT  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S  
Name: MEMON, MUHAMMED Y  
Address: 4230 EAGLE NEST COURT  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: MUHAMMED Y.MEMON

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

PVT

08/18/2010

\_\_\_\_\_  
Date