

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G58091

**FILED**  
**Jan 29, 2013**  
**Secretary of State**

**Entity Name:** IRA HARMON, M.D., P.A.

**Current Principal Place of Business:**

% IRA HARMON  
580 W. 8TH ST, STE-6017  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

% IRA HARMON  
5685 NORWOOD AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

% IRA HARMON  
580 W. 8TH ST, STE-6017  
JACKSONVILLE, FL 32209

**New Mailing Address:**

% IRA HARMON MD  
5685 NORWOOD AVE  
JACKSONVILLE, FL 32208

**FEI Number:** 59-2338061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARMON, IRA  
580 W. 8TH ST, STE 6017  
JACKSONVILLE, FL 32209 US

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

HARMON, IRA  
5685 NORWOOD AVE  
JACKSONVILLE, FL 32208 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: IRA HARMON MD

01/29/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARMOND, IRA MD  
Address: 7477 TRAILS END  
City-St-Zip: JACKSONVILLE, FL 00000, 32277

Title: TS  
Name: HARMOND, IRA MD  
Address: 7477 TRAILS END  
City-St-Zip: JACKSONVILLE, FL 00000, 32277

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: IRA HARMON MD

PRES

01/29/2013

Electronic Signature of Signing Officer or Director

Date